

THE REACH HEALTHCARE FOUNDATION

Form **990**

Department of the Treasury  
Internal Revenue Service

# Return of Organization Exempt From Income Tax

Under section 501(c), 527, or 4947(a)(1) of the Internal Revenue Code (except private foundations)

- ▶ Do not enter Social Security numbers on this form as it may be made public.
- ▶ Information about Form 990 and its instructions is at [www.irs.gov/form990](http://www.irs.gov/form990).

OMB No. 1545-0047

# 2013

**Open to Public Inspection**

**A** For the 2013 calendar year, or tax year beginning , 2013, and ending , 20

<b>B</b> Check if applicable: <input type="checkbox"/> Address change <input type="checkbox"/> Name change <input type="checkbox"/> Initial return <input type="checkbox"/> Terminated <input type="checkbox"/> Amended return <input type="checkbox"/> Application pending	<b>C</b> Name of organization THE REACH HEALTHCARE FOUNDATION			<b>D</b> Employer identification number 20-0337230	
	Doing Business As			<b>E</b> Telephone number	
	Number and street (or P.O. box if mail is not delivered to street address)		Room/suite	(913) 432-4196	
	6700 ANTIOCH		STE 200		
City or town, state or province, country, and ZIP or foreign postal code MERRIAM, KS 66204			<b>G</b> Gross receipts \$ 19,082,122.		
<b>F</b> Name and address of principal officer: BRENDA R SHARPE 6700 ANTIOCH, SUITE 200 MERRIAM, KS 66204			<b>H(a)</b> Is this a group return for subordinates? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		
			<b>H(b)</b> Are all subordinates included? <input type="checkbox"/> Yes <input type="checkbox"/> No		
			If "No," attach a list. (see instructions)		
<b>I</b> Tax-exempt status: <input checked="" type="checkbox"/> 501(c)(3) <input type="checkbox"/> 501(c) ( ) ◀ (insert no.) <input type="checkbox"/> 4947(a)(1) or <input type="checkbox"/> 527			<b>H(c)</b> Group exemption number ▶		
<b>J</b> Website: ▶ WWW.REACHHEALTH.ORG					
<b>K</b> Form of organization: <input checked="" type="checkbox"/> Corporation <input type="checkbox"/> Trust <input type="checkbox"/> Association <input type="checkbox"/> Other ▶			<b>L</b> Year of formation: 2004 <b>M</b> State of legal domicile: KS		

## Part I Summary

<b>Activities &amp; Governance</b>	<b>1</b> Briefly describe the organization's mission or most significant activities: SEE SCHEDULE O		
	<b>2</b> Check this box <input type="checkbox"/> if the organization discontinued its operations or disposed of more than 25% of its net assets.		
	<b>3</b> Number of voting members of the governing body (Part VI, line 1a)	<b>3</b>	17.
	<b>4</b> Number of independent voting members of the governing body (Part VI, line 1b)	<b>4</b>	17.
	<b>5</b> Total number of individuals employed in calendar year 2013 (Part V, line 2a)	<b>5</b>	9.
	<b>6</b> Total number of volunteers (estimate if necessary)	<b>6</b>	30.
	<b>7a</b> Total unrelated business revenue from Part VIII, column (C), line 12	<b>7a</b>	151,924.
<b>b</b> Net unrelated business taxable income from Form 990-T, line 34	<b>7b</b>	108,805.	
<b>Revenue</b>	<b>8</b> Contributions and grants (Part VIII, line 1d)	<b>Prior Year</b>	<b>Current Year</b>
	<b>9</b> Program service revenue (Part VIII, line 2g)	255,000.	215,600.
	<b>10</b> Investment income (Part VIII, column (A), lines 3, 4, and 7d)	0	0
	<b>11</b> Other revenue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e)	5,341,704.	5,735,081.
	<b>12</b> Total revenue - add lines 8 through 11 (must equal Part VIII, column (A), line 12)	-22,181.	11,812.
<b>Expenses</b>	<b>13</b> Grants and similar amounts paid (Part IX, column (A), lines 1-3)	5,574,523.	5,962,493.
	<b>14</b> Benefits paid to or for members (Part IX, column (A), line 4)	3,876,510.	4,329,178.
	<b>15</b> Salaries, other compensation, employee benefits (Part IX, column (A), lines 5-10)	0	0
	<b>16a</b> Professional fundraising fees (Part IX, column (A), line 11e)	981,470.	1,117,819.
	<b>b</b> Total fundraising expenses (Part IX, column (D), line 25) ▶	0	0
	<b>17</b> Other expenses (Part IX, column (A), lines 11a-11d, 11f-24e)	1,407,962.	1,279,761.
	<b>18</b> Total expenses. Add lines 13-17 (must equal Part IX, column (A), line 25)	6,265,942.	6,726,758.
<b>19</b> Revenue less expenses. Subtract line 18 from line 12	-691,419.	-764,265.	
<b>Net Assets or Fund Balances</b>	<b>20</b> Total assets (Part X, line 16)	<b>Beginning of Current Year</b>	<b>End of Year</b>
	<b>21</b> Total liabilities (Part X, line 26)	125,159,665.	135,796,231.
	<b>22</b> Net assets or fund balances. Subtract line 21 from line 20.	1,891,963.	1,577,515.
		123,267,702.	134,218,716.

## Part II Signature Block

Under penalties of perjury, I declare that I have examined this return, including accompanying schedules and statements, and to the best of my knowledge and belief, it is true, correct, and complete. Declaration of preparer (other than officer) is based on all information of which preparer has any knowledge.

<b>Sign Here</b>	▶ Signature of officer	Date
	▶ BRENDA R. SHARPE Type or print name and title	PRESIDENT & CEO

<b>Paid Preparer Use Only</b>	Print/Type preparer's name	Preparer's signature	Date	Check <input type="checkbox"/> if self-employed	PTIN
	MICHAEL J ENGLE				P00482834
	Firm's name ▶ BKD, LLP	Firm's EIN ▶ 44-0160260		Phone no. 816 221-6300	
Firm's address ▶ 1201 WALNUT, SUITE 1700 KANSAS CITY, MO 64106-2246					

May the IRS discuss this return with the preparer shown above? (see instructions)  Yes  No

For Paperwork Reduction Act Notice, see the separate instructions.

Form **990** (2013)

• If you are filing for an **Additional (Not Automatic) 3-Month Extension**, complete only **Part II** and check this box  **X**

**Note.** Only complete Part II if you have already been granted an automatic 3-month extension on a previously filed Form 8868.

• If you are filing for an **Automatic 3-Month Extension**, complete only **Part I** (on page 1).

**Part II Additional (Not Automatic) 3-Month Extension of Time.** Only file the original (no copies needed).

Enter filer's identifying number, see instructions

<b>Type or print</b>  <small>File by the due date for filing your return. See instructions.</small>	Name of exempt organization or other filer, see instructions.  THE REACH HEALTHCARE FOUNDATION	Employer identification number (EIN) or  20-0337230
	Number, street, and room or suite no. If a P.O. box, see instructions.  6700 ANTIOCH	Social security number (SSN)
	City, town or post office, state, and ZIP code. For a foreign address, see instructions.  MERRIAM, KS 66204	

Enter the Return code for the return that this application is for (file a separate application for each return)  0  1

Application Is For	Return Code	Application Is For	Return Code
Form 990 or Form 990-EZ	01		
Form 990-BL	02	Form 1041-A	08
Form 4720 (individual)	03	Form 4720 (other than individual)	09
Form 990-PF	04	Form 5227	10
Form 990-T (sec. 401(a) or 408(a) trust)	05	Form 6069	11
Form 990-T (trust other than above)	06	Form 8870	12

**STOP! Do not complete Part II if you were not already granted an automatic 3-month extension on a previously filed Form 8868.**

• The books are in the care of  JOANNE R YUN  
 Telephone No.  913 432-4196 Fax No.

• If the organization does not have an office or place of business in the United States, check this box

• If this is for a Group Return, enter the organization's four digit Group Exemption Number (GEN) . If this is for the whole group, check this box . If it is for part of the group, check this box  and attach a list with the names and EINs of all members the extension is for.

4 I request an additional 3-month extension of time until 11/15, 2014.

5 For calendar year 2013, or other tax year beginning \_\_\_\_\_, 20\_\_\_\_, and ending \_\_\_\_\_, 20\_\_\_\_.

6 If the tax year entered in line 5 is for less than 12 months, check reason:  Initial return  Final return  
 Change in accounting period

7 State in detail why you need the extension ADDITIONAL TIME IS REQUIRED TO ACCUMULATE THE INFORMATION NECESSARY TO FILE A COMPLETE AND ACCURATE RETURN.

<b>8a</b> If this application is for Forms 990-BL, 990-PF, 990-T, 4720, or 6069, enter the tentative tax, less any nonrefundable credits. See instructions.	<b>8a</b> \$	0
<b>b</b> If this application is for Forms 990-PF, 990-T, 4720, or 6069, enter any refundable credits and estimated tax payments made. Include any prior year overpayment allowed as a credit and any amount paid previously with Form 8868.	<b>8b</b> \$	0
<b>c Balance Due.</b> Subtract line 8b from line 8a. Include your payment with this form, if required, by using EFTPS (Electronic Federal Tax Payment System). See instructions.	<b>8c</b> \$	0

**Signature and Verification must be completed for Part II only.**

Under penalties of perjury, I declare that I have examined this form, including accompanying schedules and statements, and to the best of my knowledge and belief, it is true, correct, and complete, and that I am authorized to prepare this form.

Signature  Title  PRESIDENT & CEO Date  05/15/2014

# Application for Extension of Time To File an Exempt Organization Return

► **File a separate application for each return.**  
► Information about Form 8868 and its instructions is at [www.irs.gov/form8868](http://www.irs.gov/form8868).

- If you are filing for an **Automatic 3-Month Extension**, complete only **Part I** and check this box
- If you are filing for an **Additional (Not Automatic) 3-Month Extension**, complete only **Part II** (on page 2 of this form).

**Do not complete Part II unless** you have already been granted an automatic 3-month extension on a previously filed Form 8868.

**Electronic filing (e-file).** You can electronically file Form 8868 if you need a 3-month automatic extension of time to file (6 months for a corporation required to file Form 990-T), or an additional (not automatic) 3-month extension of time. You can electronically file Form 8868 to request an extension of time to file any of the forms listed in Part I or Part II with the exception of Form 8870, Information Return for Transfers Associated With Certain Personal Benefit Contracts, which must be sent to the IRS in paper format (see instructions). For more details on the electronic filing of this form, visit [www.irs.gov/efile](http://www.irs.gov/efile) and click on *e-file for Charities & Nonprofits*.

**Part I Automatic 3-Month Extension of Time.** Only submit original (no copies needed).

A corporation required to file Form 990-T and requesting an automatic 6-month extension - check this box and complete Part I only

All other corporations (including 1120-C filers), partnerships, REMICs, and trusts must use Form 7004 to request an extension of time to file income tax returns.

Enter filer's identifying number, see instructions

<b>Type or print</b>  File by the due date for filing your return. See instructions.	Name of exempt organization or other filer, see instructions.  THE REACH HEALTHCARE FOUNDATION	Employer identification number (EIN) or  20-0337230
	Number, street, and room or suite no. If a P.O. box, see instructions.  6700 ANTIOCH	Social security number (SSN)
	City, town or post office, state, and ZIP code. For a foreign address, see instructions.  MERRIAM, KS 66204	

Enter the Return code for the return that this application is for (file a separate application for each return)

Application Is For	Return Code	Application Is For	Return Code
Form 990 or Form 990-EZ	01	Form 990-T (corporation)	07
Form 990-BL	02	Form 1041-A	08
Form 4720 (individual)	03	Form 4720 (other than individual)	09
Form 990-PF	04	Form 5227	10
Form 990-T (sec. 401(a) or 408(a) trust)	05	Form 6069	11
Form 990-T (trust other than above)	06	Form 8870	12

- The books are in the care of ► JOANNE R YUN

Telephone No. ► 913 432-4196 FAX No. ►

- If the organization does not have an office or place of business in the United States, check this box
- If this is for a Group Return, enter the organization's four digit Group Exemption Number (GEN) . If this is for the whole group, check this box  . If it is for part of the group, check this box  and attach a list with the names and EINs of all members the extension is for.

1 I request an automatic 3-month (6 months for a corporation required to file Form 990-T) extension of time until 08/15, 2014, to file the exempt organization return for the organization named above. The extension is for the organization's return for:

►  calendar year 2013 or

►  tax year beginning \_\_\_\_\_, 20\_\_\_\_, and ending \_\_\_\_\_, 20\_\_\_\_.

2 If the tax year entered in line 1 is for less than 12 months, check reason:  Initial return  Final return  Change in accounting period

<b>3a</b> If this application is for Form 990-BL, 990-PF, 990-T, 4720, or 6069, enter the tentative tax, less any nonrefundable credits. See instructions.	<b>3a</b> \$	0
<b>b</b> If this application is for Form 990-PF, 990-T, 4720, or 6069, enter any refundable credits and estimated tax payments made. Include any prior year overpayment allowed as a credit.	<b>3b</b> \$	0
<b>c Balance due.</b> Subtract line 3b from line 3a. Include your payment with this form, if required, by using EFTPS (Electronic Federal Tax Payment System). See instructions.	<b>3c</b> \$	0

**Caution.** If you are going to make an electronic funds withdrawal (direct debit) with this Form 8868, see Form 8453-EO and Form 8879-EO for payment instructions.

**For Privacy Act and Paperwork Reduction Act Notice, see instructions.**

Part III Statement of Program Service Accomplishments

Check if Schedule O contains a response or note to any line in this Part III [X]

1 Briefly describe the organization's mission:

INFORM AND EDUCATE THE PUBLIC AND FACILITATE ACCESS TO QUALITY HEALTHCARE FOR POOR AND UNDERSERVED PEOPLE.

2 Did the organization undertake any significant program services during the year which were not listed on the prior Form 990 or 990-EZ? [ ] Yes [X] No

3 Did the organization cease conducting, or make significant changes in how it conducts, any program services? [ ] Yes [X] No

4 Describe the organization's program service accomplishments for each of its three largest program services, as measured by expenses. Section 501(c)(3) and 501(c)(4) organizations are required to report the amount of grants and allocations to others, the total expenses, and revenue, if any, for each program service reported.

4a (Code: ) (Expenses \$ 1,335,170. including grants of \$ 1,102,141. ) (Revenue \$ 0 )

MENTAL HEALTH GRANTS ARE AWARDED TO SUPPORT ACCESS TO MENTAL HEALTH SERVICES FOR PERSONS WHO ARE POOR AND MEDICALLY UNDERSERVED. THESE GRANTS ADDRESS EARLY INTERVENTION FOR CHILDREN AND ADOLESCENTS WITH MENTAL HEALTH/BEHAVIORAL PROBLEMS, TRAINING FOR AGENCY STAFF ON COMPLEX TRAUMA, CONNECTING INDIVIDUALS WITH CULTURALLY COMPETENT MENTAL HEALTH SERVICES AND OTHER RELATED WORK. IN 2013, 18 MENTAL HEALTH GRANTS WERE AWARDED.

4b (Code: ) (Expenses \$ 1,396,138. including grants of \$ 1,144,302. ) (Revenue \$ 0 )

SAFETY NET HEALTH SERVICES GRANTS INCREASE ACCESS TO COMPREHENSIVE PRIMARY CARE FOR PERSONS WHO ARE POOR AND MEDICALLY UNDERSERVED. SAFETY NET HEALTH SERVICES GRANTS SUPPORT THE OPERATIONS OF PRIMARY CARE CLINICS THAT SERVE IN LOW-INCOME AND UNINSURED POPULATIONS, CHRONIC DISEASE MANAGEMENT AND REFERRALS TO SPECIALTY HEALTH SERVICES AND OTHER RELATED WORK. IN 2013, 35 SAFETY NET HEALTH SERVICE GRANTS WERE AWARDED.

4c (Code: ) (Expenses \$ 2,210,664. including grants of \$ 1,632,486. ) (Revenue \$ 0 )

SYSTEMIC GRANTS SUPPORT ORGANIZATIONS AND PROGRAMS THAT IMPROVE ACCESS TO AND QUALITY OF HEALTH CARE SERVICES FOR PERSONS WHO ARE POOR AND MEDICALLY UNDERSERVED BY WORKING ON PROCESSES AND POLICIES ACROSS MULTIPLE ORGANIZATIONS, SYSTEMS AND SECTORS. ORGANIZATIONS THAT RECEIVE SYSTEMIC GRANTS DO NOT, THEMSELVES, PROVIDE DIRECT PATIENT CARE. IN 2013, 35 SYSTEMIC GRANTS WERE AWARDED.

4d Other program services (Describe in Schedule O.)

(Expenses \$ 545,447. including grants of \$ 450,249. ) (Revenue \$ 0 )

4e Total program service expenses 5,487,419.

**Part IV Checklist of Required Schedules**

	Yes	No
1 Is the organization described in section 501(c)(3) or 4947(a)(1) (other than a private foundation)? If "Yes," complete Schedule A . . . . .	X	
2 Is the organization required to complete Schedule B, Schedule of Contributors (see instructions)? . . . . .	X	
3 Did the organization engage in direct or indirect political campaign activities on behalf of or in opposition to candidates for public office? If "Yes," complete Schedule C, Part I . . . . .		X
4 <b>Section 501(c)(3) organizations.</b> Did the organization engage in lobbying activities, or have a section 501(h) election in effect during the tax year? If "Yes," complete Schedule C, Part II . . . . .	X	
5 Is the organization a section 501(c)(4), 501(c)(5), or 501(c)(6) organization that receives membership dues, assessments, or similar amounts as defined in Revenue Procedure 98-19? If "Yes," complete Schedule C, Part III . . . . .		X
6 Did the organization maintain any donor advised funds or any similar funds or accounts for which donors have the right to provide advice on the distribution or investment of amounts in such funds or accounts? If "Yes," complete Schedule D, Part I . . . . .		X
7 Did the organization receive or hold a conservation easement, including easements to preserve open space, the environment, historic land areas, or historic structures? If "Yes," complete Schedule D, Part II . . . . .		X
8 Did the organization maintain collections of works of art, historical treasures, or other similar assets? If "Yes," complete Schedule D, Part III . . . . .		X
9 Did the organization report an amount in Part X, line 21, for escrow or custodial account liability; serve as a custodian for amounts not listed in Part X; or provide credit counseling, debt management, credit repair, or debt negotiation services? If "Yes," complete Schedule D, Part IV . . . . .		X
10 Did the organization, directly or through a related organization, hold assets in temporarily restricted endowments, permanent endowments, or quasi-endowments? If "Yes," complete Schedule D, Part V . . . . .		X
11 If the organization's answer to any of the following questions is "Yes," then complete Schedule D, Parts VI, VII, VIII, IX, or X as applicable.		
a Did the organization report an amount for land, buildings, and equipment in Part X, line 10? If "Yes," complete Schedule D, Part VI . . . . .	X	
b Did the organization report an amount for investments-other securities in Part X, line 12 that is 5% or more of its total assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VII . . . . .	X	
c Did the organization report an amount for investments-program related in Part X, line 13 that is 5% or more of its total assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VIII . . . . .		X
d Did the organization report an amount for other assets in Part X, line 15 that is 5% or more of its total assets reported in Part X, line 16? If "Yes," complete Schedule D, Part IX . . . . .		X
e Did the organization report an amount for other liabilities in Part X, line 25? If "Yes," complete Schedule D, Part X . . . . .		X
f Did the organization's separate or consolidated financial statements for the tax year include a footnote that addresses the organization's liability for uncertain tax positions under FIN 48 (ASC 740)? If "Yes," complete Schedule D, Part X . . . . .		X
12 a Did the organization obtain separate, independent audited financial statements for the tax year? If "Yes," complete Schedule D, Parts XI and XII . . . . .	X	
b Was the organization included in consolidated, independent audited financial statements for the tax year? If "Yes," and if the organization answered "No" to line 12a, then completing Schedule D, Parts XI and XII is optional . . . . .		X
13 Is the organization a school described in section 170(b)(1)(A)(ii)? If "Yes," complete Schedule E . . . . .		X
14 a Did the organization maintain an office, employees, or agents outside of the United States? . . . . .		X
b Did the organization have aggregate revenues or expenses of more than \$10,000 from grantmaking, fundraising, business, investment, and program service activities outside the United States, or aggregate foreign investments valued at \$100,000 or more? If "Yes," complete Schedule F, Parts I and IV . . . . .	X	
15 Did the organization report on Part IX, column (A), line 3, more than \$5,000 of grants or other assistance to or for any foreign organization? If "Yes," complete Schedule F, Parts II and IV . . . . .		X
16 Did the organization report on Part IX, column (A), line 3, more than \$5,000 of aggregate grants or other assistance to or for foreign individuals? If "Yes," complete Schedule F, Parts III and IV . . . . .		X
17 Did the organization report a total of more than \$15,000 of expenses for professional fundraising services on Part IX, column (A), lines 6 and 11e? If "Yes," complete Schedule G, Part I (see instructions) . . . . .		X
18 Did the organization report more than \$15,000 total of fundraising event gross income and contributions on Part VIII, lines 1c and 8a? If "Yes," complete Schedule G, Part II . . . . .		X
19 Did the organization report more than \$15,000 of gross income from gaming activities on Part VIII, line 9a? If "Yes," complete Schedule G, Part III . . . . .		X
20 a Did the organization operate one or more hospital facilities? If "Yes," complete Schedule H . . . . .		X
b If "Yes" to line 20a, did the organization attach a copy of its audited financial statements to this return? . . . . .		

**Part IV Checklist of Required Schedules (continued)**

	Yes	No
<b>21</b> Did the organization report more than \$5,000 of grants or other assistance to any domestic organization or government on Part IX, column (A), line 1? <i>If "Yes," complete Schedule I, Parts I and II . . . . .</i>	X	
<b>22</b> Did the organization report more than \$5,000 of grants or other assistance to individuals in the United States on Part IX, column (A), line 2? <i>If "Yes," complete Schedule I, Parts I and III . . . . .</i>		X
<b>23</b> Did the organization answer "Yes" to Part VII, Section A, line 3, 4, or 5 about compensation of the organization's current and former officers, directors, trustees, key employees, and highest compensated employees? <i>If "Yes," complete Schedule J . . . . .</i>	X	
<b>24 a</b> Did the organization have a tax-exempt bond issue with an outstanding principal amount of more than \$100,000 as of the last day of the year, that was issued after December 31, 2002? <i>If "Yes," answer lines 24b through 24d and complete Schedule K. If "No," go to line 25a. . . . .</i>		X
<b>24 b</b> Did the organization invest any proceeds of tax-exempt bonds beyond a temporary period exception? . . . . .		
<b>24 c</b> Did the organization maintain an escrow account other than a refunding escrow at any time during the year to defease any tax-exempt bonds? . . . . .		
<b>24 d</b> Did the organization act as an "on behalf of" issuer for bonds outstanding at any time during the year? . . . . .		
<b>25 a</b> <b>Section 501(c)(3) and 501(c)(4) organizations.</b> Did the organization engage in an excess benefit transaction with a disqualified person during the year? <i>If "Yes," complete Schedule L, Part I. . . . .</i>		X
<b>25 b</b> Is the organization aware that it engaged in an excess benefit transaction with a disqualified person in a prior year, and that the transaction has not been reported on any of the organization's prior Forms 990 or 990-EZ? <i>If "Yes," complete Schedule L, Part I . . . . .</i>		X
<b>26</b> Did the organization report any amount on Part X, line 5, 6, or 22 for receivables from or payable to any current or former officers, directors, trustees, key employees, highest compensated employees, or disqualified persons? If so, complete Schedule L, Part II. . . . .		X
<b>27</b> Did the organization provide a grant or other assistance to an officer, director, trustee, key employee, substantial contributor or employee thereof, a grant selection committee member, or to a 35% controlled entity or family member of any of these persons? <i>If "Yes," complete Schedule L, Part III. . . . .</i>		X
<b>28</b> Was the organization a party to a business transaction with one of the following parties (see Schedule L, Part IV instructions for applicable filing thresholds, conditions, and exceptions):		
<b>28 a</b> A current or former officer, director, trustee, or key employee? <i>If "Yes," complete Schedule L, Part IV. . . . .</i>		X
<b>28 b</b> A family member of a current or former officer, director, trustee, or key employee? <i>If "Yes," complete Schedule L, Part IV. . . . .</i>		X
<b>28 c</b> An entity of which a current or former officer, director, trustee, or key employee (or a family member thereof) was an officer, director, trustee, or direct or indirect owner? <i>If "Yes," complete Schedule L, Part IV. . . . .</i>		X
<b>29</b> Did the organization receive more than \$25,000 in non-cash contributions? <i>If "Yes," complete Schedule M . . . . .</i>		X
<b>30</b> Did the organization receive contributions of art, historical treasures, or other similar assets, or qualified conservation contributions? <i>If "Yes," complete Schedule M . . . . .</i>		X
<b>31</b> Did the organization liquidate, terminate, or dissolve and cease operations? <i>If "Yes," complete Schedule N, Part I. . . . .</i>		X
<b>32</b> Did the organization sell, exchange, dispose of, or transfer more than 25% of its net assets? <i>If "Yes," complete Schedule N, Part II . . . . .</i>		X
<b>33</b> Did the organization own 100% of an entity disregarded as separate from the organization under Regulations sections 301.7701-2 and 301.7701-3? <i>If "Yes," complete Schedule R, Part I . . . . .</i>	X	
<b>34</b> Was the organization related to any tax-exempt or taxable entity? <i>If "Yes," complete Schedule R, Part II, III, or IV, and Part V, line 1 . . . . .</i>	X	
<b>35 a</b> Did the organization have a controlled entity within the meaning of section 512(b)(13)? . . . . .	X	
<b>35 b</b> If "Yes" to line 35a, did the organization receive any payment from or engage in any transaction with a controlled entity within the meaning of section 512(b)(13)? <i>If "Yes," complete Schedule R, Part V, line 2. . . . .</i>		X
<b>36</b> <b>Section 501(c)(3) organizations.</b> Did the organization make any transfers to an exempt non-charitable related organization? <i>If "Yes," complete Schedule R, Part V, line 2 . . . . .</i>		X
<b>37</b> Did the organization conduct more than 5% of its activities through an entity that is not a related organization and that is treated as a partnership for federal income tax purposes? <i>If "Yes," complete Schedule R, Part VI. . . . .</i>		X
<b>38</b> Did the organization complete Schedule O and provide explanations in Schedule O for Part VI, lines 11b and 19? <b>Note.</b> All Form 990 filers are required to complete Schedule O . . . . .	X	

Part V Statements Regarding Other IRS Filings and Tax Compliance

Check if Schedule O contains a response or note to any line in this Part V

Table with columns for question number, description, and Yes/No response boxes. Includes questions 1a through 14b regarding IRS filings and tax compliance.



Part VI Governance, Management, and Disclosure For each "Yes" response to lines 2 through 7b below, and for a "No" response to line 8a, 8b, or 10b below, describe the circumstances, processes, or changes in Schedule O. See instructions.

Check if Schedule O contains a response or note to any line in this Part VI [X]

Section A. Governing Body and Management

Table with 3 columns: Question, Yes, No. Rows include 1a (17), 1b (17), 2, 3, 4, 5, 6, 7a, 7b, 8a, 8b, 9.

Section B. Policies (This Section B requests information about policies not required by the Internal Revenue Code.)

Table with 3 columns: Question, Yes, No. Rows include 10a, 10b, 11a, 11b, 12a, 12b, 12c, 13, 14, 15a, 15b, 16a, 16b.

Section C. Disclosure

- 17 List the states with which a copy of this Form 990 is required to be filed KS, MO,
18 Section 6104 requires an organization to make its Forms 1023 (or 1024 if applicable), 990, and 990-T (Section 501(c)(3)s only) available for public inspection. Indicate how you made these available. Check all that apply.
19 Describe in Schedule O whether (and if so, how) the organization made its governing documents, conflict of interest policy, and financial statements available to the public during the tax year.
20 State the name, physical address, and telephone number of the person who possesses the books and records of the organization: JOANNE R YUN 6700 ANTIOCH, SUITE 200 MERRIAM, KS 66204 913-432-4196

**Part VII Compensation of Officers, Directors, Trustees, Key Employees, Highest Compensated Employees, and Independent Contractors**

Check if Schedule O contains a response or note to any line in this Part VII.

**Section A. Officers, Directors, Trustees, Key Employees, and Highest Compensated Employees**

1a Complete this table for all persons required to be listed. Report compensation for the calendar year ending with or within the organization's tax year.

- List all of the organization's **current** officers, directors, trustees (whether individuals or organizations), regardless of amount of compensation. Enter -0- in columns (D), (E), and (F) if no compensation was paid.
- List all of the organization's **current** key employees, if any. See instructions for definition of "key employee."
- List the organization's five **current** highest compensated employees (other than an officer, director, trustee, or key employee) who received reportable compensation (Box 5 of Form W-2 and/or Box 7 of Form 1099-MISC) of more than \$100,000 from the organization and any related organizations.
- List all of the organization's **former** officers, key employees, and highest compensated employees who received more than \$100,000 of reportable compensation from the organization and any related organizations.
- List all of the organization's **former directors or trustees** that received, in the capacity as a former director or trustee of the organization, more than \$10,000 of reportable compensation from the organization and any related organizations.

List persons in the following order: individual trustees or directors; institutional trustees; officers; key employees; highest compensated employees; and former such persons.

Check this box if neither the organization nor any related organization compensated any current officer, director, or trustee.

(A) Name and Title	(B) Average hours per week (list any hours for related organizations below dotted line)	(C) Position (do not check more than one box, unless person is both an officer and a director/trustee)						(D) Reportable compensation from the organization (W-2/1099-MISC)	(E) Reportable compensation from related organizations (W-2/1099-MISC)	(F) Estimated amount of other compensation from the organization and related organizations
		Individual trustee or director	Institutional trustee	Officer	Key employee	Highest compensated employee	Former			
(1) DANA ABRAHAM DIRECTOR	5.00	X						0	0	0
(2) BRENDA BOHATY DDS DIRECTOR	5.00	X						0	0	0
(3) WILLIAM BRUNING CHAIRMAN/DIRECTOR	5.00	X		X				0	0	0
(4) TOM CARRICO DIRECTOR	5.00	X						0	0	0
(5) J.C. COWDEN, M.D. DIRECTOR	5.00	X						0	0	0
(6) HAROLD JOHNSON JR SECRETARY/DIRECTOR	5.00	X		X				0	0	0
(7) RANDY LOPEZ DIRECTOR	5.00	X						0	0	0
(8) EVE MCGEE DIRECTOR	5.00	X						0	0	0
(9) CHAD MOORE POLICY COMM CHAIR/DIRECTOR	5.00	X		X				0	0	0
(10) STUART MUNRO, M.D. DIRECTOR	5.00	X						0	0	0
(11) GEORGE PIERSON, M.D. DIRECTOR	5.00	X						0	0	0
(12) RAYMOND RICO DIRECTOR	5.00	X						0	0	0
(13) JANIE SCHUMAKER VICE CHAIRMAN/DIRECTOR	5.00	X		X				0	0	0
(14) BRAD STRATTON TREASURER, FINANCE COMM CHAIR	5.00	X		X				0	0	0

**Part VII Section A. Officers, Directors, Trustees, Key Employees, and Highest Compensated Employees** (continued)

(A) Name and title	(B) Average hours per week (list any hours for related organizations below dotted line)	(C) Position (do not check more than one box, unless person is both an officer and a director/trustee)						(D) Reportable compensation from the organization (W-2/1099-MISC)	(E) Reportable compensation from related organizations (W-2/1099-MISC)	(F) Estimated amount of other compensation from the organization and related organizations
		Individual trustee or director	Institutional trustee	Officer	Key employee	Highest compensated employee	Former			
( 15) RACHELLE STYLES ----- DIRECTOR	5.00	X					0	0	0	
( 16) LIZ WEHLAGE ----- DIRECTOR	5.00	X					0	0	0	
( 17) JUDY WORKS ----- DIRECTOR	5.00	X					0	0	0	
( 18) SYRTILLER KABAT ----- DIRECTOR	5.00	X					0	0	0	
( 19) BRENDA R SHARPE ----- PRESIDENT/CEO	40.00			X			227,354.	0	66,759.	
( 20) JOANNE R YUN ----- CFO	32.00			X			90,275.	0	47,125.	
( 21) WILLIAM MOORE ----- VP PROGRAM, POLICY&EVALUATION	40.00				X		119,799.	0	37,781.	
-----										
-----										
-----										
-----										
-----										
<b>1b Sub-total</b> .....							0	0	0	
<b>c Total from continuation sheets to Part VII, Section A</b> .....							437,428.	0	151,665.	
<b>d Total (add lines 1b and 1c)</b> .....							437,428.	0	151,665.	

**2** Total number of individuals (including but not limited to those listed above) who received more than \$100,000 of reportable compensation from the organization **▶** 2

	Yes	No
<b>3</b> Did the organization list any <b>former</b> officer, director, or trustee, key employee, or highest compensated employee on line 1a? <i>If "Yes," complete Schedule J for such individual</i> .....		X
<b>4</b> For any individual listed on line 1a, is the sum of reportable compensation and other compensation from the organization and related organizations greater than \$150,000? <i>If "Yes," complete Schedule J for such individual</i> .....	X	
<b>5</b> Did any person listed on line 1a receive or accrue compensation from any unrelated organization or individual for services rendered to the organization? <i>If "Yes," complete Schedule J for such person</i> .....		X

**Section B. Independent Contractors**

**1** Complete this table for your five highest compensated independent contractors that received more than \$100,000 of compensation from the organization. Report compensation for the calendar year ending with or within the organization's tax year.

(A) Name and business address	(B) Description of services	(C) Compensation
CAMBRIDGE ASSOCIATES MENLO PARK, CA 94025	INVEST CONSULTANT	156,673.
NYES LEDGE CAPITAL PARTNERS, LP BOSTON, MA 02110	INVESTMENT MANAGER	103,533.
-----		
-----		
-----		

**2** Total number of independent contractors (including but not limited to those listed above) who received more than \$100,000 in compensation from the organization **▶** 2

**Part VIII Statement of Revenue**

Check if Schedule O contains a response or note to any line in this Part VIII

				(A) Total revenue	(B) Related or exempt function revenue	(C) Unrelated business revenue	(D) Revenue excluded from tax under sections 512-514
<b>Contributions, Gifts, Grants and Other Similar Amounts</b>	<b>1a</b> Federated campaigns . . . . .	<b>1a</b>					
	<b>b</b> Membership dues . . . . .	<b>1b</b>					
	<b>c</b> Fundraising events . . . . .	<b>1c</b>					
	<b>d</b> Related organizations . . . . .	<b>1d</b>					
	<b>e</b> Government grants (contributions) . .	<b>1e</b>					
	<b>f</b> All other contributions, gifts, grants, and similar amounts not included above .	<b>1f</b>	215,600.				
	<b>g</b> Noncash contributions included in lines 1a-1f: \$						
	<b>h Total.</b> Add lines 1a-1f . . . . .			215,600.			
<b>Program Service Revenue</b>	<b>2a</b> _____	<b>Business Code</b>					
	<b>b</b> _____						
	<b>c</b> _____						
	<b>d</b> _____						
	<b>e</b> _____						
	<b>f</b> All other program service revenue . . . . .						
	<b>g Total.</b> Add lines 2a-2f . . . . .			0			
	<b>Other Revenue</b>	<b>3</b> Investment income (including dividends, interest, and other similar amounts) . . . . .			555,895.		
<b>4</b> Income from investment of tax-exempt bond proceeds . . .				0			
<b>5</b> Royalties . . . . .				0			
<b>6a</b> Gross rents . . . . .		(i) Real	(ii) Personal				
		<b>b</b> Less: rental expenses . . . . .	2,628.				
		<b>c</b> Rental income or (loss) . . . . .	-2,628.				
		<b>d Net rental income or (loss)</b> . . . . .			-2,628.		-2,628.
<b>7a</b> Gross amount from sales of assets other than inventory . . . . .		(i) Securities	(ii) Other				
		<b>b</b> Less: cost or other basis and sales expenses . . . . .	13,117,001.				
		<b>c</b> Gain or (loss) . . . . .	5,179,186.				
		<b>d Net gain or (loss)</b> . . . . .			5,179,186.		140,112.
<b>8a</b> Gross income from fundraising events (not including \$ _____ of contributions reported on line 1c). See Part IV, line 18 . . . . .		<b>a</b>					
<b>b</b> Less: direct expenses . . . . .		<b>b</b>					
<b>c Net income or (loss) from fundraising events</b> . . . . .				0			
<b>9a</b> Gross income from gaming activities. See Part IV, line 19 . . . . .		<b>a</b>					
<b>b</b> Less: direct expenses . . . . .	<b>b</b>						
<b>c Net income or (loss) from gaming activities</b> . . . . .			0				
<b>10a</b> Gross sales of inventory, less returns and allowances . . . . .	<b>a</b>						
<b>b</b> Less: cost of goods sold . . . . .	<b>b</b>						
<b>c Net income or (loss) from sales of inventory</b> . . . . .			0				
<b>Miscellaneous Revenue</b>			<b>Business Code</b>				
<b>11a</b> <u>ORDINARY K-1 INCOME</u>		900099	14,440.		14,440.		
<b>b</b> _____							
<b>c</b> _____							
<b>d</b> All other revenue . . . . .							
<b>e Total.</b> Add lines 11a-11d . . . . .			14,440.				
<b>12 Total revenue.</b> See instructions . . . . .			5,962,493.		151,924.	5,594,969.	

**Part IX Statement of Functional Expenses**

Section 501(c)(3) and 501(c)(4) organizations must complete all columns. All other organizations must complete column (A).

Check if Schedule O contains a response or note to any line in this Part IX

<b>Do not include amounts reported on lines 6b, 7b, 8b, 9b, and 10b of Part VIII.</b>	(A) Total expenses	(B) Program service expenses	(C) Management and general expenses	(D) Fundraising expenses
1 Grants and other assistance to governments and organizations in the United States. See Part IV, line 21 .	4,329,178.	4,329,178.		
2 Grants and other assistance to individuals in the United States. See Part IV, line 22 . . . . .	0			
3 Grants and other assistance to governments, organizations, and individuals outside the United States. See Part IV, lines 15 and 16 . . . . .	0			
4 Benefits paid to or for members . . . . .	0			
5 Compensation of current officers, directors, trustees, and key employees . . . . .	431,514.	191,174.	240,340.	
6 Compensation not included above, to disqualified persons (as defined under section 4958(f)(1)) and persons described in section 4958(c)(3)(B) . . . . .	0			
7 Other salaries and wages . . . . .	523,808.	450,737.	73,071.	
8 Pension plan accruals and contributions (include section 401(k) and 403(b) employer contributions) . . . . .	38,038.	31,995.	6,043.	
9 Other employee benefits . . . . .	68,346.	68,270.	76.	
10 Payroll taxes . . . . .	56,113.	40,316.	15,797.	
11 Fees for services (non-employees):				
a Management . . . . .	0			
b Legal . . . . .	27,655.		27,655.	
c Accounting . . . . .	42,436.		42,436.	
d Lobbying . . . . .	40,000.	40,000.		
e Professional fundraising services. See Part IV, line 17.	0			
f Investment management fees . . . . .	571,560.		571,560.	
g Other. (If line 11g amount exceeds 10% of line 25, column (A) amount, list line 11g expenses on Schedule O.) . . . . .	235,065.	229,458.	5,607.	
12 Advertising and promotion . . . . .	16,314.	6,768.	9,546.	
13 Office expenses . . . . .	35,235.	10,314.	24,921.	
14 Information technology . . . . .	38,898.	28,991.	9,907.	
15 Royalties . . . . .	0			
16 Occupancy . . . . .	161,742.	49,775.	111,967.	
17 Travel . . . . .	43,739.	31,666.	12,073.	
18 Payments of travel or entertainment expenses for any federal, state, or local public officials . . . . .	0			
19 Conferences, conventions, and meetings . . . . .	68,237.	55,310.	12,927.	
20 Interest . . . . .	0			
21 Payments to affiliates . . . . .	0			
22 Depreciation, depletion, and amortization . . . . .	56,412.	35,340.	21,072.	
23 Insurance . . . . .	20,648.		20,648.	
24 Other expenses. Itemize expenses not covered above (List miscellaneous expenses in line 24e. If line 24e amount exceeds 10% of line 25, column (A) amount, list line 24e expenses on Schedule O.)				
a BOOKS/SUBSCRIPTIONS/REFERENC	1,180.	468.	712.	
b EQUIPMENT LEASING AND EXPENS	15,653.	223.	15,430.	
c MEMBERSHIP DUES	14,670.	12,818.	1,852.	
d GRANT REFUNDS/ADJUSTMENTS	-135,405.	-135,405.		
e All other expenses	25,722.	10,023.	15,699.	
<b>25 Total functional expenses.</b> Add lines 1 through 24e	<b>6,726,758.</b>	<b>5,487,419.</b>	<b>1,239,339.</b>	
<b>26 Joint costs.</b> Complete this line only if the organization reported in column (B) joint costs from a combined educational campaign and fundraising solicitation. Check here <input type="checkbox"/> if following SOP 98-2 (ASC 958-720) . . . . .	0			

**Part X Balance Sheet**

Check if Schedule O contains a response or note to any line in this Part X

		(A) Beginning of year		(B) End of year
<b>Assets</b>	<b>1</b> Cash - non-interest-bearing	206.	<b>1</b>	127.
	<b>2</b> Savings and temporary cash investments	4,102,519.	<b>2</b>	4,944,487.
	<b>3</b> Pledges and grants receivable, net	0	<b>3</b>	0
	<b>4</b> Accounts receivable, net	0	<b>4</b>	0
	<b>5</b> Loans and other receivables from current and former officers, directors, trustees, key employees, and highest compensated employees. Complete Part II of Schedule L	0	<b>5</b>	0
	<b>6</b> Loans and other receivables from other disqualified persons (as defined under section 4958(f)(1)), persons described in section 4958(c)(3)(B), and contributing employers and sponsoring organizations of section 501(c)(9) voluntary employees' beneficiary organizations (see instructions). Complete Part II of Schedule L	0	<b>6</b>	0
	<b>7</b> Notes and loans receivable, net	0	<b>7</b>	0
	<b>8</b> Inventories for sale or use	0	<b>8</b>	0
	<b>9</b> Prepaid expenses and deferred charges	30,135.	<b>9</b>	29,901.
	<b>10a</b> Land, buildings, and equipment: cost or other basis. Complete Part VI of Schedule D	<b>10a</b> 485,201.		
	<b>b</b> Less: accumulated depreciation	<b>10b</b> 395,371.	132,194.	<b>10c</b> 89,830.
	<b>11</b> Investments - publicly traded securities	86,449,323.	<b>11</b>	93,135,211.
	<b>12</b> Investments - other securities. See Part IV, line 11	34,435,139.	<b>12</b>	37,585,931.
	<b>13</b> Investments - program-related. See Part IV, line 11	0	<b>13</b>	0
	<b>14</b> Intangible assets	0	<b>14</b>	0
	<b>15</b> Other assets. See Part IV, line 11	10,149.	<b>15</b>	10,744.
<b>16 Total assets.</b> Add lines 1 through 15 (must equal line 34)	125,159,665.	<b>16</b>	135,796,231.	
<b>Liabilities</b>	<b>17</b> Accounts payable and accrued expenses	184,125.	<b>17</b>	158,671.
	<b>18</b> Grants payable	1,707,838.	<b>18</b>	1,418,844.
	<b>19</b> Deferred revenue	0	<b>19</b>	0
	<b>20</b> Tax-exempt bond liabilities	0	<b>20</b>	0
	<b>21</b> Escrow or custodial account liability. Complete Part IV of Schedule D	0	<b>21</b>	0
	<b>22</b> Loans and other payables to current and former officers, directors, trustees, key employees, highest compensated employees, and disqualified persons. Complete Part II of Schedule L	0	<b>22</b>	0
	<b>23</b> Secured mortgages and notes payable to unrelated third parties	0	<b>23</b>	0
	<b>24</b> Unsecured notes and loans payable to unrelated third parties	0	<b>24</b>	0
	<b>25</b> Other liabilities (including federal income tax, payables to related third parties, and other liabilities not included on lines 17-24). Complete Part X of Schedule D	0	<b>25</b>	0
	<b>26 Total liabilities.</b> Add lines 17 through 25	1,891,963.	<b>26</b>	1,577,515.
<b>Net Assets or Fund Balances</b>	<b>Organizations that follow SFAS 117 (ASC 958), check here</b> <input checked="" type="checkbox"/> <b>and complete lines 27 through 29, and lines 33 and 34.</b>			
	<b>27</b> Unrestricted net assets	123,267,702.	<b>27</b>	134,218,716.
	<b>28</b> Temporarily restricted net assets	0	<b>28</b>	0
	<b>29</b> Permanently restricted net assets	0	<b>29</b>	0
	<b>Organizations that do not follow SFAS 117 (ASC 958), check here</b> <input type="checkbox"/> <b>and complete lines 30 through 34.</b>			
	<b>30</b> Capital stock or trust principal, or current funds		<b>30</b>	
	<b>31</b> Paid-in or capital surplus, or land, building, or equipment fund		<b>31</b>	
	<b>32</b> Retained earnings, endowment, accumulated income, or other funds		<b>32</b>	
	<b>33</b> Total net assets or fund balances	123,267,702.	<b>33</b>	134,218,716.
	<b>34</b> Total liabilities and net assets/fund balances	125,159,665.	<b>34</b>	135,796,231.

**Part XI Reconciliation of Net Assets**

Check if Schedule O contains a response or note to any line in this Part XI

<b>1</b>	Total revenue (must equal Part VIII, column (A), line 12)	<b>1</b>	5,962,493.
<b>2</b>	Total expenses (must equal Part IX, column (A), line 25)	<b>2</b>	6,726,758.
<b>3</b>	Revenue less expenses. Subtract line 2 from line 1	<b>3</b>	-764,265.
<b>4</b>	Net assets or fund balances at beginning of year (must equal Part X, line 33, column (A))	<b>4</b>	123,267,702.
<b>5</b>	Net unrealized gains (losses) on investments	<b>5</b>	11,715,279.
<b>6</b>	Donated services and use of facilities	<b>6</b>	0
<b>7</b>	Investment expenses	<b>7</b>	0
<b>8</b>	Prior period adjustments	<b>8</b>	0
<b>9</b>	Other changes in net assets or fund balances (explain in Schedule O)	<b>9</b>	0
<b>10</b>	Net assets or fund balances at end of year. Combine lines 3 through 9 (must equal Part X, line 33, column (B))	<b>10</b>	134,218,716.

**Part XII Financial Statements and Reporting**

Check if Schedule O contains a response or note to any line in this Part XII

- 1** Accounting method used to prepare the Form 990:  Cash  Accrual  Other \_\_\_\_\_  
If the organization changed its method of accounting from a prior year or checked "Other," explain in Schedule O.
- 2a** Were the organization's financial statements compiled or reviewed by an independent accountant? .....  
If "Yes," check a box below to indicate whether the financial statements for the year were compiled or reviewed on a separate basis, consolidated basis, or both:  
 Separate basis  Consolidated basis  Both consolidated and separate basis
- b** Were the organization's financial statements audited by an independent accountant? .....  
If "Yes," check a box below to indicate whether the financial statements for the year were audited on a separate basis, consolidated basis, or both:  
 Separate basis  Consolidated basis  Both consolidated and separate basis
- c** If "Yes" to line 2a or 2b, does the organization have a committee that assumes responsibility for oversight of the audit, review, or compilation of its financial statements and selection of an independent accountant? .....  
If the organization changed either its oversight process or selection process during the tax year, explain in Schedule O.
- 3a** As a result of a federal award, was the organization required to undergo an audit or audits as set forth in the Single Audit Act and OMB Circular A-133? .....
- b** If "Yes," did the organization undergo the required audit or audits? If the organization did not undergo the required audit or audits, explain why in Schedule O and describe any steps taken to undergo such audits.

	Yes	No
<b>2a</b>		X
<b>2b</b>	X	
<b>2c</b>	X	
<b>3a</b>		X
<b>3b</b>		

**SCHEDULE A**  
**(Form 990 or 990-EZ)**

**Public Charity Status and Public Support**

OMB No. 1545-0047

Complete if the organization is a section 501(c)(3) organization or a section 4947(a)(1) nonexempt charitable trust.

**2013**

Department of the Treasury  
Internal Revenue Service

▶ **Attach to Form 990 or Form 990-EZ.**  
▶ **Information about Schedule A (Form 990 or 990-EZ) and its instructions is at [www.irs.gov/form990](http://www.irs.gov/form990).**

**Open to Public Inspection**

<b>Name of the organization</b> THE REACH HEALTHCARE FOUNDATION	<b>Employer identification number</b> 20-0337230
--	---

**Part I Reason for Public Charity Status** (All organizations must complete this part.) See instructions.

The organization is not a private foundation because it is: (For lines 1 through 11, check only one box.)

- 1  A church, convention of churches, or association of churches described in **section 170(b)(1)(A)(i)**.
- 2  A school described in **section 170(b)(1)(A)(ii)**. (Attach Schedule E.)
- 3  A hospital or a cooperative hospital service organization described in **section 170(b)(1)(A)(iii)**.
- 4  A medical research organization operated in conjunction with a hospital described in **section 170(b)(1)(A)(iii)**. Enter the hospital's name, city, and state: \_\_\_\_\_
- 5  An organization operated for the benefit of a college or university owned or operated by a governmental unit described in **section 170(b)(1)(A)(iv)**. (Complete Part II.)
- 6  A federal, state, or local government or governmental unit described in **section 170(b)(1)(A)(v)**.
- 7  An organization that normally receives a substantial part of its support from a governmental unit or from the general public described in **section 170(b)(1)(A)(vi)**. (Complete Part II.)
- 8  A community trust described in **section 170(b)(1)(A)(vi)**. (Complete Part II.)
- 9  An organization that normally receives: (1) more than 33 1/3 % of its support from contributions, membership fees, and gross receipts from activities related to its exempt functions - subject to certain exceptions, and (2) no more than 33 1/3 % of its support from gross investment income and unrelated business taxable income (less section 511 tax) from businesses acquired by the organization after June 30, 1975. See **section 509(a)(2)**. (Complete Part III.)

- 10  An organization organized and operated exclusively to test for public safety. See **section 509(a)(4)**.
- 11  An organization organized and operated exclusively for the benefit of, to perform the functions of, or to carry out the purposes of one or more publicly supported organizations described in section 509(a)(1) or section 509(a)(2). See **section 509(a)(3)**. Check the box that describes the type of supporting organization and complete lines 11e through 11h.

a  Type I    b  Type II    c  Type III-Functionally integrated    d  Type III-Non-functionally integrated

e  By checking this box, I certify that the organization is not controlled directly or indirectly by one or more disqualified persons other than foundation managers and other than one or more publicly supported organizations described in section 509(a)(1) or section 509(a)(2).

f If the organization received a written determination from the IRS that it is a Type I, Type II, or Type III supporting organization, check this box

g Since August 17, 2006, has the organization accepted any gift or contribution from any of the following persons?

	Yes	No
(i) A person who directly or indirectly controls, either alone or together with persons described in (ii) and (iii) below, the governing body of the supported organization? .....		X
(ii) A family member of a person described in (i) above? .....		X
(iii) A 35% controlled entity of a person described in (i) or (ii) above? .....		X

h Provide the following information about the supported organization(s).

(i) Name of supported organization	(ii) EIN	(iii) Type of organization (described on lines 1-9 above or IRC section (see instructions))	(iv) Is the organization in col. (i) listed in your governing document?		(v) Did you notify the organization in col. (i) of your support?		(vi) Is the organization in col. (i) organized in the U.S.?		(vii) Amount of monetary support
			Yes	No	Yes	No	Yes	No	
(A) SEE ATTACHMENT									4,329,178.
(B)									
(C)									
(D)									
(E)									
<b>Total</b>									4,329,178.

For Paperwork Reduction Act Notice, see the Instructions for Form 990 or 990-EZ. Schedule A (Form 990 or 990-EZ) 2013



Part II Support Schedule for Organizations Described in Sections 170(b)(1)(A)(iv) and 170(b)(1)(A)(vi)
(Complete only if you checked the box on line 5, 7, or 8 of Part I or if the organization failed to qualify under Part III. If the organization fails to qualify under the tests listed below, please complete Part III.)

Section A. Public Support

Table with 7 columns: (a) 2009, (b) 2010, (c) 2011, (d) 2012, (e) 2013, (f) Total. Rows include: 1 Gifts, grants, contributions, and membership fees received; 2 Tax revenues levied for the organization's benefit; 3 The value of services or facilities furnished by a governmental unit; 4 Total. Add lines 1 through 3; 5 The portion of total contributions by each person; 6 Public support. Subtract line 5 from line 4.

Section B. Total Support

Table with 7 columns: (a) 2009, (b) 2010, (c) 2011, (d) 2012, (e) 2013, (f) Total. Rows include: 7 Amounts from line 4; 8 Gross income from interest, dividends, payments received on securities loans, rents, royalties and income from similar sources; 9 Net income from unrelated business activities; 10 Other income. Do not include gain or loss from the sale of capital assets; 11 Total support. Add lines 7 through 10; 12 Gross receipts from related activities, etc. (see instructions); 13 First five years. If the Form 990 is for the organization's first, second, third, fourth, or fifth tax year as a section 501(c)(3) organization, check this box and stop here.

Section C. Computation of Public Support Percentage

Table with 3 columns: Line number, Description, and Percentage. Rows include: 14 Public support percentage for 2013; 15 Public support percentage from 2012 Schedule A, Part II, line 14; 16a 33 1/3% support test - 2013; b 33 1/3% support test - 2012; 17a 10%-facts-and-circumstances test - 2013; b 10%-facts-and-circumstances test - 2012; 18 Private foundation.

**Part III Support Schedule for Organizations Described in Section 509(a)(2)**  
 (Complete only if you checked the box on line 9 of Part I or if the organization failed to qualify under Part II.  
 If the organization fails to qualify under the tests listed below, please complete Part II.)

**Section A. Public Support**

Calendar year (or fiscal year beginning in) ►	(a) 2009	(b) 2010	(c) 2011	(d) 2012	(e) 2013	(f) Total
<b>1</b> Gifts, grants, contributions, and membership fees received. (Do not include any "unusual grants.")						
<b>2</b> Gross receipts from admissions, merchandise sold or services performed, or facilities furnished in any activity that is related to the organization's tax-exempt purpose . . . . .						
<b>3</b> Gross receipts from activities that are not an unrelated trade or business under section 513 . . . . .						
<b>4</b> Tax revenues levied for the organization's benefit and either paid to or expended on its behalf . . . . .						
<b>5</b> The value of services or facilities furnished by a governmental unit to the organization without charge . . . . .						
<b>6 Total.</b> Add lines 1 through 5 . . . . .						
<b>7a</b> Amounts included on lines 1, 2, and 3 received from disqualified persons . . . . .						
<b>b</b> Amounts included on lines 2 and 3 received from other than disqualified persons that exceed the greater of \$5,000 or 1% of the amount on line 13 for the year . . . . .						
<b>c</b> Add lines 7a and 7b. . . . .						
<b>8 Public support</b> (Subtract line 7c from line 6.) . . . . .						

**Section B. Total Support**

Calendar year (or fiscal year beginning in) ►	(a) 2009	(b) 2010	(c) 2011	(d) 2012	(e) 2013	(f) Total
<b>9</b> Amounts from line 6. . . . .						
<b>10a</b> Gross income from interest, dividends, payments received on securities loans, rents, royalties and income from similar sources . . . . .						
<b>b</b> Unrelated business taxable income (less section 511 taxes) from businesses acquired after June 30, 1975 . . . . .						
<b>c</b> Add lines 10a and 10b . . . . .						
<b>11</b> Net income from unrelated business activities not included in line 10b, whether or not the business is regularly carried on . . . . .						
<b>12</b> Other income. Do not include gain or loss from the sale of capital assets (Explain in Part IV.) . . . . .						
<b>13 Total support.</b> (Add lines 9, 10c, 11, and 12.) . . . . .						
<b>14 First five years.</b> If the Form 990 is for the organization's first, second, third, fourth, or fifth tax year as a section 501(c)(3) organization, check this box and <b>stop here</b> . . . . . ► <input type="checkbox"/>						

**Section C. Computation of Public Support Percentage**

<b>15</b> Public support percentage for 2013 (line 8, column (f) divided by line 13, column (f)). . . . .	<b>15</b>	%
<b>16</b> Public support percentage from 2012 Schedule A, Part III, line 15 . . . . .	<b>16</b>	%

**Section D. Computation of Investment Income Percentage**

<b>17</b> Investment income percentage for 2013 (line 10c, column (f) divided by line 13, column (f)) . . . . .	<b>17</b>	%
<b>18</b> Investment income percentage from 2012 Schedule A, Part III, line 17 . . . . .	<b>18</b>	%

**19a 33 1/3% support tests - 2013.** If the organization did not check the box on line 14, and line 15 is more than 33 1/3%, and line 17 is not more than 33 1/3%, check this box and **stop here**. The organization qualifies as a publicly supported organization ►

**b 33 1/3% support tests - 2012.** If the organization did not check a box on line 14 or line 19a, and line 16 is more than 33 1/3%, and line 18 is not more than 33 1/3%, check this box and **stop here**. The organization qualifies as a publicly supported organization ►

**20 Private foundation.** If the organization did not check a box on line 14, 19a, or 19b, check this box and see instructions ►

**Part IV Supplemental Information.** Provide the explanations required by Part II, line 10; Part II, line 17a or 17b; and Part III, line 12. Also complete this part for any additional information. (See instructions).

SCHEDULE A, PART I, LINE 11H

THE REACH HEALTH CARE FOUNDATION ("FOUNDATION") IS OPERATED EXCLUSIVELY TO BENEFIT, TO PERFORM THE FUNCTIONS OF, OR TO CARRY OUT THE PURPOSES OF ONE OR MORE ORGANIZATIONS DESCRIBED IN SECTION 509(A) (1) AND SECTION 509(A) (2) OF THE CODE. THE ORGANIZATIONS THAT THE FOUNDATION IS TO SUPPORT (THE "SUPPORTED ORGANIZATIONS") ARE GOVERNMENTAL UNITS AND ORGANIZATIONS DESCRIBED IN SECTION 509(A) (1) AND SECTION 509(A) (2) OF THE CODE, A PRIMARY PURPOSE OR FUNCTION OF EACH OF WHICH IS EITHER TO PROVIDE OR TO FACILITATE OR ASSURE THE PROVISION OF BASIC OR NEEDED PHYSICAL AND MENTAL HEALTH CARE SERVICES TO ALL CITIZENS OF THE REGION OR TO SUPPORT AND PROMOTE OR TO FACILITATE OR ASSURE THE SUPPORT AND PROMOTION OF THE PHYSICAL AND MENTAL HEALTH OF ALL CITIZENS OF THE REGION, OR BOTH. THE ORGANIZATIONS THAT ARE SUPPORTED ORGANIZATIONS WILL VARY FROM TIME TO TIME AS NEW SUPPORTED ORGANIZATIONS ARE SUBSTITUTED FOR OTHER SUPPORTED ORGANIZATIONS, AS NEW SUPPORTED ORGANIZATIONS COME INTO EXISTENCE AND BEGIN TO FUNCTION AND AS SUPPORTED ORGANIZATIONS CEASE TO FUNCTION. THE FOUNDATION MAY VARY THE AMOUNT OF SUPPORT THAT IT PROVIDES FROM TIME TO TIME TO ANY SUPPORTED ORGANIZATIONS. THE REGION IS WYANDOTTE, JOHNSON AND ALLEN COUNTIES IN KANSAS AND KANSAS CITY, MISSOURI AND JACKSON, CASS AND LAFAYETTE COUNTIES IN MISSOURI.

THE SUPPORTED ORGANIZATIONS THAT CONTROL THE FOUNDATION ARE LISTED IN THE ATTACHED SCHEDULE, AND THE SUPPORTED ORGANIZATIONS THAT RECEIVED GRANTS FROM THE FOUNDATION IN 2013 ARE ALSO LISTED IN THE ATTACHMENT TO SCHEDULE A. THESE SUPPORTED ORGANIZATIONS WERE THE FOUNDATION'S SUPPORTED ORGANIZATIONS IN 2013.

The Reach Healthcare Foundation

EIN 20-0337230

Form 990, Schedule A Part I - Supported Organization Listing

Name of Supported Organization	EIN	Code Section or Government Entity Name	Type of Organization	(V)	(VI)	Amount of Support
Black Health Care Coalition, Inc.	43-1515095	501(c)(3)	9			30,000
Butterfield Youth Services	44-0668473	501(c)(3)	9			500
Cabot Westside Health Center	44-0546280	501c(3)	7			68,968
Cass Community Health Foundation	43-1349495	501(c)(3)	11-Type I			258,597
Catholic Charities of Northeast Kansas Inc	48-1181305	501(c)(3)	7			26,000
Child Abuse Prevention Association	43-1067711	501(c)(3)	7			4,000
Child Protection Center	20-4535728	501(c)(3)	9			3,341
Coalition For Improving Maternity Services Inc	59-3649578	501(c)(3)	9			2,000
Communities Creating Opportunity	43-1127845	501(c)(3)	9			94,500
Community Health Center of Southeast Kansas, Inc.	75-3002264	501(c)(3)	9			51,180
Community Health Council of Wyandotte County	01-0674969	501(c)(3)	9			59,600
Comprehensive Mental Health Services, Inc.	43-0949079	501(c)(3)	9			75,000
Cornerstones of Care	43-1689138	501c(3)	7			4,000
Crittenton Children's Center	44-0545808	501(c)(3)	3			71,943
Curators of the University of Missouri on behalf of UMKC	43-6003859	501(c)(3)	5			26,400
DeLaSalle Education Center	43-0971728	501(c)(3)	2			500
DentaQuest Institute	20-5312990	501c(3)	11-Type I			46,000
Donnelly College	48-0623882	501(c)(3)	2			10,000
Duchesne Clinic	48-1009910	501(c)(3)	3			95,000
Harrisonville Public School Foundation	48-1548179	501(c)(3)	2			1,450
Harvesters - The Community Food Network	43-1208665	501c(3)	7			4,000
Health Care Coalition of Lafayette County	30-0349221	501(c)(3)	7			245,850
Health Partnership Clinic	48-1115529	501(c)(3)	7			90,000
Hope Family Care Center	26-4021005	501(c)(3)	7			93,592
Institute for International Medicine	75-3128625	501(c)(3)	7			34,059
JayDoc Free Clinic						
KU Endowment	48-0547734	501(c)(3)	5			19,176
Jewish Vocational Service	44-0545994	501(c)(3)	7			47,526
Johnson County Interfaith Hospitality Network, Inc.	20-0118693	501(c)(3)	9			1,450
Kansas Action for Children	48-0879502	501(c)(3)	7			68,000
Kansas Association for the Medically Underserved	48-1110925	501(c)(3)	7			132,000
Kansas City CARE Clinic	43-0967292	501(c)(3)	7			108,809
Kansas Department of Health & Environment	48-6029925	State of KS	---			30,000
Kansas Health Consumer Coalition, Inc.	73-1733371	501(c)(3)	7			55,000
KCC Educational Foundation/Leadership Kansas	23-7339573	501(c)(3)	9			500
KidsTLC, Inc.	48-0774593	501(c)(3)	7			148,125
KU School of Social Welfare						
KU Endowment	48-0547734	501c(3)	5			72,405
Lafayette County Health Department	43-1241723	Lafayette Co, MO	---			21,970
Marillac Center	43-1147836	501(c)(3)	3			96,360
Mattie Rhodes Center	44-0546343	501(c)(3)	7			165,680
Metropolitan Lutheran Ministries	43-0970991	501(c)(3)	7			1,450
Mid-America Regional Council Community Services Corporation	20-1824454	501(c)(3)	11-Type I			216,100
Missouri Coalition For Oral Health	20-5032836	501(c)(3)	7			55,000

The Reach Healthcare Foundation

EIN 20-0337230

Form 990, Schedule A Part I - Supported Organization Listing

Name of Supported Organization	EIN	Code Section or Government Entity Name	Type of Organization	(V)	(VI)	Amount of Support
Missouri Coalition For Primary Health Care dba Missouri Primary Care Association	43-1419937	501(c)(3)	7			1,000
Missouri Department of Health and Senior Services	446000987	State of MO	---			30,000
Missouri Health Advocacy Alliance	26-3426303	501(c)(3)	9			105,486
Missouri Jobs With Justice	43-1864844	501(c)(3)	9			17,000
National Alliance on Mental Illness of Greater Kansas City	43-1209702	501(c)(3)	9			135,500
Operation Breakthrough, Inc.	43-0971560	501c(3)	7			4,000
Oral Health Kansas, Inc.	20-0337278	501(c)(3)	7			57,500
Pathways Community Behavioral Healthcare	43-1032835	501(c)(3)	9			61,875
Qualis Health	91-1072875	501(c)(3)	9			79,800
ReDiscover	23-7169417	501(c)(3)	9			30,000
Samuel U. Rodgers Health Center, Inc.	43-0899356	501(c)(3)	3			133,040
SEK Multi County Health Department	48-0785109	Allen County, KS	---			30,000
Silver City Health Center						
KU Endowment	48-0547734	501(c)(3)	5			65,000
St. Peter's Lutheran Church	48-6109064	501(c)(3)	1			1,450
Sunflower House, Inc.	48-0918698	501c(3)	7			225
Support Kansas City Inc	31-1717077	501(c)(3)	11-Type I			50,000
Synergy Services, Inc.	43-0970674	501(c)(3)	7			124,000
The Children's Place	51-0195216	501(c)(3)	7			69,477
The Missouri Budget Project	26-0062334	501(c)(3)	7			65,000
The Net Giver Foundation Inc.	27-1908764	501(c)(3)	7			1,450
Thrive Allen County, Inc.	32-0198379	501c(3)	7			156,653
Topeka Community Foundation	48-0972106	501(c)(3)	8			50,000
Tri-County Mental Health Services, Inc.	43-1556416	501(c)(3)	9			79,276
Truman Medical Center Charitable Foundation	43-1194064	501(c)(3)	7			4,000
Turner House Children's Clinic	48-1151382	501(c)(3)	7			90,100
United Community Services of Johnson County	48-0914699	501(c)(3)	7			1,000
United Way of Greater Kansas City	44-0545812	501(c)(3)	7			44,856
University of Kansas Center for Research, Inc.	48-0680117	501c(3)	5			26,259
University of Kansas School of Medicine Department of Family Medicine						
KU Endowment	48-0547734	501(c)(3)	5			30,000
Urban League Of Kansas City Mo	44-0546273	501(c)(3)	9			5,000
Wichita State University	48-1124839	501(c)(3)	5			40,000
Wichita State University Foundation	48-6121167	non-profit/non-taxed org. under Section 115	---			4,200
Wyandot Center for Community Behavioral Healthcare	48-0576044	501(c)(3)	7			100,000
<b>TOTAL Amount of 2013 Support =</b>						<b>4,329,178</b>

**Schedule of Contributors**

**2013**

▶ **Attach to Form 990, Form 990-EZ, or Form 990-PF.**  
 ▶ Information about Schedule B (Form 990, 990-EZ, or 990-PF) and its instructions is at [www.irs.gov/form990](http://www.irs.gov/form990).

<b>Name of the organization</b> THE REACH HEALTHCARE FOUNDATION	<b>Employer identification number</b> 20-0337230
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**Organization type** (check one):

**Filers of:**

**Section:**

- Form 990 or 990-EZ  501(c)(3) (enter number) organization
- 4947(a)(1) nonexempt charitable trust **not** treated as a private foundation
- 527 political organization
- Form 990-PF  501(c)(3) exempt private foundation
- 4947(a)(1) nonexempt charitable trust treated as a private foundation
- 501(c)(3) taxable private foundation

Check if your organization is covered by the **General Rule** or a **Special Rule**.

**Note.** Only a section 501(c)(7), (8), or (10) organization can check boxes for both the General Rule and a Special Rule. See instructions.

**General Rule**

- For an organization filing Form 990, 990-EZ, or 990-PF that received, during the year, \$5,000 or more (in money or property) from any one contributor. Complete Parts I and II.

**Special Rules**

- For a section 501(c)(3) organization filing Form 990 or 990-EZ that met the 33 1/3 % support test of the regulations under sections 509(a)(1) and 170(b)(1)(A)(vi) and received from any one contributor, during the year, a contribution of the greater of (1) \$5,000 or (2) 2% of the amount on (i) Form 990, Part VIII, line 1h, or (ii) Form 990-EZ, line 1. Complete Parts I and II.
- For a section 501(c)(7), (8), or (10) organization filing Form 990 or 990-EZ that received from any one contributor, during the year, total contributions of more than \$1,000 for use *exclusively* for religious, charitable, scientific, literary, or educational purposes, or the prevention of cruelty to children or animals. Complete Parts I, II, and III.
- For a section 501(c)(7), (8), or (10) organization filing Form 990 or 990-EZ that received from any one contributor, during the year, contributions for use *exclusively* for religious, charitable, etc., purposes, but these contributions did not total to more than \$1,000. If this box is checked, enter here the total contributions that were received during the year for an *exclusively* religious, charitable, etc., purpose. Do not complete any of the parts unless the **General Rule** applies to this organization because it received *nonexclusively* religious, charitable, etc., contributions of \$5,000 or more during the year . . . . . ▶ \$ \_\_\_\_\_

**Caution.** An organization that is not covered by the General Rule and/or the Special Rules does not file Schedule B (Form 990, 990-EZ, or 990-PF), but it **must** answer "No" on Part IV, line 2, of its Form 990; or check the box on line H of its Form 990-EZ or on its Form 990-PF, Part I, line 2, to certify that it does not meet the filing requirements of Schedule B (Form 990, 990-EZ, or 990-PF).

<b>Name of organization</b> THE REACH HEALTHCARE FOUNDATION	<b>Employer identification number</b> 20-0337230
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**Part I** **Contributors** (see instructions). Use duplicate copies of Part I if additional space is needed.

(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
1	----- ----- -----	\$ 200,000.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
2	----- ----- -----	\$ 5,000.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
-----	----- ----- -----	\$ -----	Person <input type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
-----	----- ----- -----	\$ -----	Person <input type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
-----	----- ----- -----	\$ -----	Person <input type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
-----	----- ----- -----	\$ -----	Person <input type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)

Name of organization THE REACH HEALTHCARE FOUNDATION

Employer identification number

20-0337230

**Part II** Noncash Property (see instructions). Use duplicate copies of Part II if additional space is needed.

(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate) (see instructions)	(d) Date received
-----	----- ----- -----	\$-----	-----
(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate) (see instructions)	(d) Date received
-----	----- ----- -----	\$-----	-----
(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate) (see instructions)	(d) Date received
-----	----- ----- -----	\$-----	-----
(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate) (see instructions)	(d) Date received
-----	----- ----- -----	\$-----	-----
(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate) (see instructions)	(d) Date received
-----	----- ----- -----	\$-----	-----
(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate) (see instructions)	(d) Date received
-----	----- ----- -----	\$-----	-----



Name of organization THE REACH HEALTHCARE FOUNDATION

Employer identification number  
20-0337230

**Part III Exclusively religious, charitable, etc., individual contributions to section 501(c)(7), (8), or (10) organizations that total more than \$1,000 for the year.** Complete columns (a) through (e) and the following line entry.

For organizations completing Part III, enter the total of *exclusively* religious, charitable, etc., contributions of **\$1,000 or less** for the year. (Enter this information once. See instructions.) ▶ \$ \_\_\_\_\_  
Use duplicate copies of Part III if additional space is needed.

(a) No. from Part I	(b) Purpose of gift	(c) Use of gift	(d) Description of how gift is held
-----	----- ----- -----	----- ----- -----	----- ----- -----

(e) Transfer of gift	
Transferee's name, address, and ZIP + 4	Relationship of transferor to transferee
----- ----- -----	----- ----- -----

(a) No. from Part I	(b) Purpose of gift	(c) Use of gift	(d) Description of how gift is held
-----	----- ----- -----	----- ----- -----	----- ----- -----

(e) Transfer of gift	
Transferee's name, address, and ZIP + 4	Relationship of transferor to transferee
----- ----- -----	----- ----- -----

(a) No. from Part I	(b) Purpose of gift	(c) Use of gift	(d) Description of how gift is held
-----	----- ----- -----	----- ----- -----	----- ----- -----

(e) Transfer of gift	
Transferee's name, address, and ZIP + 4	Relationship of transferor to transferee
----- ----- -----	----- ----- -----

(a) No. from Part I	(b) Purpose of gift	(c) Use of gift	(d) Description of how gift is held
-----	----- ----- -----	----- ----- -----	----- ----- -----

(e) Transfer of gift	
Transferee's name, address, and ZIP + 4	Relationship of transferor to transferee
----- ----- -----	----- ----- -----

**SCHEDULE C**  
**(Form 990 or 990-EZ)**

**Political Campaign and Lobbying Activities**

OMB No. 1545-0047

**2013**

**Open to Public Inspection**

**For Organizations Exempt From Income Tax Under section 501(c) and section 527**  
 ▶ **Complete if the organization is described below.** ▶ **Attach to Form 990 or Form 990-EZ.**  
 ▶ **See separate instructions.** ▶ **Information about Schedule C (Form 990 or 990-EZ) and its instructions is at [www.irs.gov/form990](http://www.irs.gov/form990).**

Department of the Treasury  
Internal Revenue Service

**If the organization answered "Yes," to Form 990, Part IV, line 3, or Form 990-EZ, Part V, line 46 (Political Campaign Activities), then**

- Section 501(c)(3) organizations: Complete Parts I-A and B. Do not complete Part I-C.
- Section 501(c) (other than section 501(c)(3)) organizations: Complete Parts I-A and C below. Do not complete Part I-B.
- Section 527 organizations: Complete Part I-A only.

**If the organization answered "Yes," to Form 990, Part IV, line 4, or Form 990-EZ, Part VI, line 47 (Lobbying Activities), then**

- Section 501(c)(3) organizations that have filed Form 5768 (election under section 501(h)): Complete Part II-A. Do not complete Part II-B.
- Section 501(c)(3) organizations that have NOT filed Form 5768 (election under section 501(h)): Complete Part II-B. Do not complete Part II-A.

**If the organization answered "Yes," to Form 990, Part IV, line 5 (Proxy Tax) or Form 990-EZ, Part V, line 35c (Proxy Tax), then**

- Section 501(c)(4), (5), or (6) organizations: Complete Part III.

Name of organization <b>THE REACH HEALTHCARE FOUNDATION</b>	Employer identification number <b>20-0337230</b>
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**Part I-A Complete if the organization is exempt under section 501(c) or is a section 527 organization.**

- 1 Provide a description of the organization's direct and indirect political campaign activities in Part IV.
- 2 Political expenditures . . . . . ▶ \$ \_\_\_\_\_
- 3 Volunteer hours . . . . . \_\_\_\_\_

**Part I-B Complete if the organization is exempt under section 501(c)(3).**

- 1 Enter the amount of any excise tax incurred by the organization under section 4955 . . . . . ▶ \$ \_\_\_\_\_
- 2 Enter the amount of any excise tax incurred by organization managers under section 4955 . . . . . ▶ \$ \_\_\_\_\_
- 3 If the organization incurred a section 4955 tax, did it file Form 4720 for this year? . . . . .  Yes  No
- 4a Was a correction made? . . . . .  Yes  No
- b If "Yes," describe in Part IV.

**Part I-C Complete if the organization is exempt under section 501(c), except section 501(c)(3).**

- 1 Enter the amount directly expended by the filing organization for section 527 exempt function activities . . . . . ▶ \$ \_\_\_\_\_
- 2 Enter the amount of the filing organization's funds contributed to other organizations for section 527 exempt function activities . . . . . ▶ \$ \_\_\_\_\_
- 3 Total exempt function expenditures. Add lines 1 and 2. Enter here and on Form 1120-POL, line 17b . . . . . ▶ \$ \_\_\_\_\_
- 4 Did the filing organization file **Form 1120-POL** for this year? . . . . .  Yes  No
- 5 Enter the names, addresses and employer identification number (EIN) of all section 527 political organizations to which the filing organization made payments. For each organization listed, enter the amount paid from the filing organization's funds. Also enter the amount of political contributions received that were promptly and directly delivered to a separate political organization, such as a separate segregated fund or a political action committee (PAC). If additional space is needed, provide information in Part IV.

(a) Name	(b) Address	(c) EIN	(d) Amount paid from filing organization's funds. If none, enter -0-.	(e) Amount of political contributions received and promptly and directly delivered to a separate political organization. If none, enter -0-.
(1)	-----			
(2)	-----			
(3)	-----			
(4)	-----			
(5)	-----			
(6)	-----			

For Paperwork Reduction Act Notice, see the Instructions for Form 990 or 990-EZ.

Schedule C (Form 990 or 990-EZ) 2013

**Part II-A Complete if the organization is exempt under section 501(c)(3) and filed Form 5768 (election under section 501(h)).**

**A** Check  if the filing organization belongs to an affiliated group (and list in Part IV each affiliated group member's name, address, EIN, expenses, and share of excess lobbying expenditures).

**B** Check  if the filing organization checked box A and "limited control" provisions apply.

<b>Limits on Lobbying Expenditures</b> (The term "expenditures" means amounts paid or incurred.)		(a) Filing organization's totals	(b) Affiliated group totals												
<b>1a</b>	Total lobbying expenditures to influence public opinion (grass roots lobbying) . . . . .	66,986.													
<b>b</b>	Total lobbying expenditures to influence a legislative body (direct lobbying) . . . . .	40,000.													
<b>c</b>	Total lobbying expenditures (add lines 1a and 1b) . . . . .	106,986.													
<b>d</b>	Other exempt purpose expenditures . . . . .	6,619,772.													
<b>e</b>	Total exempt purpose expenditures (add lines 1c and 1d) . . . . .	6,726,758.													
<b>f</b>	Lobbying nontaxable amount. Enter the amount from the following table in both columns.	486,338.													
<table border="1"> <thead> <tr> <th>If the amount on line 1e, column (a) or (b) is:</th> <th>The lobbying nontaxable amount is:</th> </tr> </thead> <tbody> <tr> <td>Not over \$500,000</td> <td>20% of the amount on line 1e.</td> </tr> <tr> <td>Over \$500,000 but not over \$1,000,000</td> <td>\$100,000 plus 15% of the excess over \$500,000.</td> </tr> <tr> <td>Over \$1,000,000 but not over \$1,500,000</td> <td>\$175,000 plus 10% of the excess over \$1,000,000.</td> </tr> <tr> <td>Over \$1,500,000 but not over \$17,000,000</td> <td>\$225,000 plus 5% of the excess over \$1,500,000.</td> </tr> <tr> <td>Over \$17,000,000</td> <td>\$1,000,000.</td> </tr> </tbody> </table>		If the amount on line 1e, column (a) or (b) is:	The lobbying nontaxable amount is:	Not over \$500,000	20% of the amount on line 1e.	Over \$500,000 but not over \$1,000,000	\$100,000 plus 15% of the excess over \$500,000.	Over \$1,000,000 but not over \$1,500,000	\$175,000 plus 10% of the excess over \$1,000,000.	Over \$1,500,000 but not over \$17,000,000	\$225,000 plus 5% of the excess over \$1,500,000.	Over \$17,000,000	\$1,000,000.		
If the amount on line 1e, column (a) or (b) is:	The lobbying nontaxable amount is:														
Not over \$500,000	20% of the amount on line 1e.														
Over \$500,000 but not over \$1,000,000	\$100,000 plus 15% of the excess over \$500,000.														
Over \$1,000,000 but not over \$1,500,000	\$175,000 plus 10% of the excess over \$1,000,000.														
Over \$1,500,000 but not over \$17,000,000	\$225,000 plus 5% of the excess over \$1,500,000.														
Over \$17,000,000	\$1,000,000.														
<b>g</b>	Grassroots nontaxable amount (enter 25% of line 1f) . . . . .	121,585.													
<b>h</b>	Subtract line 1g from line 1a. If zero or less, enter -0- . . . . .	0	0												
<b>i</b>	Subtract line 1f from line 1c. If zero or less, enter -0- . . . . .	0	0												
<b>j</b>	If there is an amount other than zero on either line 1h or line 1i, did the organization file Form 4720 reporting section 4911 tax for this year? . . . . .	<input checked="" type="checkbox"/> <b>Yes</b> <input type="checkbox"/> <b>No</b>													

**4-Year Averaging Period Under Section 501(h)**

(Some organizations that made a section 501(h) election do not have to complete all of the five columns below. See the instructions for lines 2a through 2f on page 4.)

<b>Lobbying Expenditures During 4-Year Averaging Period</b>					
Calendar year (or fiscal year beginning in)	(a) 2010	(b) 2011	(c) 2012	(d) 2013	(e) Total
<b>2a</b> Lobbying nontaxable amount	489,566.	463,353.	463,297.	486,338.	1,902,554.
<b>b</b> Lobbying ceiling amount (150% of line 2a, column (e))					2,853,831.
<b>c</b> Total lobbying expenditures	32,451.	5,198.	35,000.	106,986.	179,635.
<b>d</b> Grassroots nontaxable amount	122,392.	115,838.	115,824.	121,585.	475,639.
<b>e</b> Grassroots ceiling amount (150% of line 2d, column (e))					713,459.
<b>f</b> Grassroots lobbying expenditures	31,742.			66,986.	98,728.

Part II-B Complete if the organization is exempt under section 501(c)(3) and has NOT filed Form 5768 (election under section 501(h)).

Table with 3 main columns: Description, (a) Yes/No, and (b) Amount. Rows include questions about lobbying activities like influencing legislation, using volunteers, paid staff, media, mailings, publications, grants, and direct contact with legislators.

Part III-A Complete if the organization is exempt under section 501(c)(4), section 501(c)(5), or section 501(c)(6).

Table with 3 rows and 3 columns: Question, Yes, No. Questions include: 1. Were substantially all (90% or more) dues received nondeductible by members? 2. Did the organization make only in-house lobbying expenditures of \$2,000 or less? 3. Did the organization agree to carry over lobbying and political expenditures from the prior year?

Part III-B Complete if the organization is exempt under section 501(c)(4), section 501(c)(5), or section 501(c)(6) and if either (a) BOTH Part III-A, lines 1 and 2, are answered "No," OR (b) Part III-A, line 3, is answered "Yes."

Table with 5 rows and 3 columns: Question, Yes, No. Questions include: 1. Dues, assessments and similar amounts from members. 2. Section 162(e) nondeductible lobbying and political expenditures (do not include amounts of political expenses for which the section 527(f) tax was paid). 3. Aggregate amount reported in section 6033(e)(1)(A) notices of nondeductible section 162(e) dues. 4. If notices were sent and the amount on line 2c exceeds the amount on line 3, what portion of the excess does the organization agree to carryover to the reasonable estimate of nondeductible lobbying and political expenditure next year? 5. Taxable amount of lobbying and political expenditures (see instructions).

Part IV Supplemental Information

Provide the descriptions required for Part I-A, line 1; Part I-B, line 4; Part I-C, line 5; Part II-A (affiliated group list); Part II-A, line 2; and Part II-B, line 1. Also, complete this part for any additional information.

Series of horizontal dashed lines provided for entering supplemental information.

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**Part IV** Supplemental Information *(continued)*

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SCHEDULE D (Form 990)

Supplemental Financial Statements

OMB No. 1545-0047

Complete if the organization answered "Yes," to Form 990, Part IV, line 6, 7, 8, 9, 10, 11a, 11b, 11c, 11d, 11e, 11f, 12a, or 12b.

2013

Department of the Treasury Internal Revenue Service

Attach to Form 990.

Open to Public Inspection

Information about Schedule D (Form 990) and its instructions is at www.irs.gov/form990.

Name of the organization

Employer identification number

THE REACH HEALTHCARE FOUNDATION

20-0337230

Part I Organizations Maintaining Donor Advised Funds or Other Similar Funds or Accounts.

Complete if the organization answered "Yes" to Form 990, Part IV, line 6.

Table with 2 columns: (a) Donor advised funds, (b) Funds and other accounts. Rows include: 1 Total number at end of year, 2 Aggregate contributions to (during year), 3 Aggregate grants from (during year), 4 Aggregate value at end of year, 5 Did the organization inform all donors... Yes No, 6 Did the organization inform all grantees... Yes No.

Part II Conservation Easements. Complete if the organization answered "Yes" to Form 990, Part IV, line 7.

Table with 2 columns: Description, Held at the End of the Tax Year. Rows include: 1 Purpose(s) of conservation easements, 2 Complete lines 2a through 2d if the organization held a qualified conservation contribution, 3 Number of conservation easements modified, 4 Number of states where property subject to conservation easement is located, 5 Does the organization have a written policy..., 6 Staff and volunteer hours..., 7 Amount of expenses..., 8 Does each conservation easement reported on line 2(d) above satisfy the requirements..., 9 In Part XIII, describe how the organization reports conservation easements...

Part III Organizations Maintaining Collections of Art, Historical Treasures, or Other Similar Assets.

Complete if the organization answered "Yes" to Form 990, Part IV, line 8.

Table with 2 columns: Description, Amount. Rows include: 1a If the organization elected, as permitted under SFAS 116 (ASC 958), not to report in its revenue statement and balance sheet works of art, historical treasures, or other similar assets held for public exhibition, education, or research in furtherance of public service, provide, in Part XIII, the text of the footnote to its financial statements that describes these items. b If the organization elected, as permitted under SFAS 116 (ASC 958), to report in its revenue statement and balance sheet works of art, historical treasures, or other similar assets held for public exhibition, education, or research in furtherance of public service, provide the following amounts relating to these items: (i) Revenues included in Form 990, Part VIII, line 1, (ii) Assets included in Form 990, Part X. 2 If the organization received or held works of art, historical treasures, or other similar assets for financial gain, provide the following amounts required to be reported under SFAS 116 (ASC 958) relating to these items: a Revenues included in Form 990, Part VIII, line 1, b Assets included in Form 990, Part X.

For Paperwork Reduction Act Notice, see the Instructions for Form 990.

Schedule D (Form 990) 2013

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Part III Organizations Maintaining Collections of Art, Historical Treasures, or Other Similar Assets (continued)

3 Using the organization's acquisition, accession, and other records, check any of the following that are a significant use of its collection items (check all that apply):

- a Public exhibition, b Scholarly research, c Preservation for future generations, d Loan or exchange programs, e Other

4 Provide a description of the organization's collections and explain how they further the organization's exempt purpose in Part XIII.

5 During the year, did the organization solicit or receive donations of art, historical treasures, or other similar assets to be sold to raise funds rather than to be maintained as part of the organization's collection?

Part IV Escrow and Custodial Arrangements. Complete if the organization answered "Yes" to Form 990, Part IV, line 9, or reported an amount on Form 990, Part X, line 21.

1a Is the organization an agent, trustee, custodian or other intermediary for contributions or other assets not included on Form 990, Part X?

b If "Yes," explain the arrangement in Part XIII and complete the following table:

Table with 2 columns: Description, Amount. Rows: 1c Beginning balance, 1d Additions during the year, 1e Distributions during the year, 1f Ending balance.

2a Did the organization include an amount on Form 990, Part X, line 21?

b If "Yes," explain the arrangement in Part XIII. Check here if the explanation has been provided in Part XIII.

Part V Endowment Funds. Complete if the organization answered "Yes" to Form 990, Part IV, line 10.

Table with 6 columns: (a) Current year, (b) Prior year, (c) Two years back, (d) Three years back, (e) Four years back. Rows: 1a-1g (Beginning of year balance, Contributions, Net investment earnings, gains, and losses, Grants or scholarships, Other expenditures for facilities and programs, Administrative expenses, End of year balance).

2 Provide the estimated percentage of the current year end balance (line 1g, column (a)) held as:

- a Board designated or quasi-endowment %
b Permanent endowment %
c Temporarily restricted endowment %

The percentages in lines 2a, 2b, and 2c should equal 100%.

3a Are there endowment funds not in the possession of the organization that are held and administered for the organization by:

- (i) unrelated organizations
(ii) related organizations

Table with 2 columns: Yes, No. Rows: 3a(i), 3a(ii), 3b.

b If "Yes" to 3a(ii), are the related organizations listed as required on Schedule R?

4 Describe in Part XIII the intended uses of the organization's endowment funds.

Part VI Land, Buildings, and Equipment.

Complete if the organization answered "Yes" to Form 990, Part IV, line 11a. See Form 990, Part X, line 10.

Table with 5 columns: (a) Cost or other basis (investment), (b) Cost or other basis (other), (c) Accumulated depreciation, (d) Book value. Rows: 1a Land, 1b Buildings, 1c Leasehold improvements, 1d Equipment, 1e Other, Total.

Part VII Investments - Other Securities.

Complete if the organization answered "Yes" to Form 990, Part IV, line 11b. See Form 990, Part X, line 12.

Table with 3 columns: (a) Description of security or category, (b) Book value, (c) Method of valuation. Includes rows for Financial derivatives, Closely-held equity interests, and Other (A-H). Total value: 37,585,931.

Part VIII Investments - Program Related.

Complete if the organization answered "Yes" to Form 990, Part IV, line 11c. See Form 990, Part X, line 13.

Table with 3 columns: (a) Description of investment, (b) Book value, (c) Method of valuation. Includes rows (1) through (9). Total value: 0.

Part IX Other Assets.

Complete if the organization answered "Yes" to Form 990, Part IV, line 11d. See Form 990, Part X, line 15.

Table with 2 columns: (a) Description, (b) Book value. Includes rows (1) through (9). Total value: 0.

Part X Other Liabilities.

Complete if the organization answered "Yes" to Form 990, Part IV, line 11e or 11f. See Form 990, Part X, line 25.

Table with 2 columns: (a) Description of liability, (b) Book value. Includes row 1: Federal income taxes. Total value: 0.

2. Liability for uncertain tax positions. In Part XIII, provide the text of the footnote to the organization's financial statements that reports the organization's liability for uncertain tax positions under FIN 48 (ASC 740). Check here if the text of the footnote has been provided in Part XIII



Part XI Reconciliation of Revenue per Audited Financial Statements With Revenue per Return.

Complete if the organization answered "Yes" to Form 990, Part IV, line 12a.

Table with 5 main rows and sub-rows (a-e) for adjustments. Total revenue reported as 5,962,493.

Part XII Reconciliation of Expenses per Audited Financial Statements With Expenses per Return.

Complete if the organization answered "Yes" to Form 990, Part IV, line 12a.

Table with 5 main rows and sub-rows (a-e) for adjustments. Total expenses reported as 6,726,758.

Part XIII Supplemental Information.

Provide the descriptions required for Part II, lines 3, 5, and 9; Part III, lines 1a and 4; Part IV, lines 1b and 2b; Part V, line 4; Part X, line 2; Part XI, lines 2d and 4b; and Part XII, lines 2d and 4b. Also complete this part to provide any additional information.

SCHEDULE D, PART X, LINE 2
MANAGEMENT HAS EVALUATED THEIR INCOME TAX POSITIONS UNDER THE GUIDANCE
INCLUDED IN ASC 740. BASED ON THEIR REVIEW, MANAGEMENT HAS NOT IDENTIFIED
ANY MATERIAL UNCERTAIN TAX POSITIONS TO BE RECORDED OR DISCLOSED IN THE
FINANCIAL STATEMENTS.

**Part XIII** Supplemental Information *(continued)*

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**SCHEDULE F  
(Form 990)**

**Statement of Activities Outside the United States**

OMB No. 1545-0047

**2013**

**Open to Public Inspection**

Department of the Treasury  
Internal Revenue Service

- ▶ Complete if the organization answered "Yes" on Form 990, Part IV, line 14b, 15, or 16.
- ▶ Attach to Form 990. ▶ See separate instructions.
- ▶ Information about Schedule F (Form 990) and its instructions is at [www.irs.gov/form990](http://www.irs.gov/form990).

Name of the organization

Employer identification number

THE REACH HEALTHCARE FOUNDATION

20-0337230

**Part I General Information on Activities Outside the United States.** Complete if the organization answered "Yes" on Form 990, Part IV, line 14b.

**1 For grantmakers.** Does the organization maintain records to substantiate the amount of its grants and other assistance, the grantees' eligibility for the grants or assistance, and the selection criteria used to award the grants or assistance? . . . . .  Yes  No

**2 For grantmakers.** Describe in Part V the organization's procedures for monitoring the use of its grants and other assistance outside the United States.

**3 Activities per Region.** (The following Part I, line 3 table can be duplicated if additional space is needed.)

(a) Region	(b) Number of offices in the region	(c) Number of employees, agents, and independent contractors in region	(d) Activities conducted in region (by type) (e.g., fundraising, program services, investments, grants to recipients located in the region)	(e) If activity listed in (d) is a program service, describe specific type of service(s) in region	(f) Total expenditures for and investments in region
(1) CENTRAL AMERICA/CARIBBEAN			INVESTMENTS		330,275.
(2)					
(3)					
(4)					
(5)					
(6)					
(7)					
(8)					
(9)					
(10)					
(11)					
(12)					
(13)					
(14)					
(15)					
(16)					
(17)					
<b>3a</b> Sub-total . . . . .					330,275.
<b>b</b> Total from continuation sheets to Part I . . . . .					
<b>c Totals</b> (add lines 3a and 3b)					330,275.

For Paperwork Reduction Act Notice, see the Instructions for Form 990.

Schedule F (Form 990) 2013

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**Part II** **Grants and Other Assistance to Organizations or Entities Outside the United States.** Complete if the organization answered "Yes" on Form 990, Part IV, line 15, for any recipient who received more than \$5,000. Part II can be duplicated if additional space is needed.

1	(a) Name of organization	(b) IRS code section and EIN (if applicable)	(c) Region	(d) Purpose of grant	(e) Amount of cash grant	(f) Manner of cash disbursement	(g) Amount of non-cash assistance	(h) Description of non-cash assistance	(i) Method of valuation (book, FMV, appraisal, other)
(1)									
(2)									
(3)									
(4)									
(5)									
(6)									
(7)									
(8)									
(9)									
(10)									
(11)									
(12)									
(13)									
(14)									
(15)									
(16)									

2 Enter total number of recipient organizations listed above that are recognized as charities by the foreign country, recognized as tax-exempt by the IRS, or for which the grantee or counsel has provided a section 501(c)(3) equivalency letter. . . . . ▶ -----

3 Enter total number of other organizations or entities. . . . . ▶ -----

**Part III** **Grants and Other Assistance to Individuals Outside the United States.** Complete if the organization answered "Yes" on Form 990, Part IV, line 16.  
Part III can be duplicated if additional space is needed.

(a) Type of grant or assistance	(b) Region	(c) Number of recipients	(d) Amount of cash grant	(e) Manner of cash disbursement	(f) Amount of non-cash assistance	(g) Description of non-cash assistance	(h) Method of valuation (book, FMV, appraisal, other)
(1)							
(2)							
(3)							
(4)							
(5)							
(6)							
(7)							
(8)							
(9)							
(10)							
(11)							
(12)							
(13)							
(14)							
(15)							
(16)							
(17)							
(18)							

**Part IV Foreign Forms**

- 1 Was the organization a U.S. transferor of property to a foreign corporation during the tax year? *If "Yes," the organization may be required to file Form 926, Return by a U.S. Transferor of Property to a Foreign Corporation (see Instructions for Form 926)* . . . . .  Yes  No
- 2 Did the organization have an interest in a foreign trust during the tax year? *If "Yes," the organization may be required to file Form 3520, Annual Return to Report Transactions with Foreign Trusts and Receipt of Certain Foreign Gifts, and/or Form 3520-A, Annual Information Return of Foreign Trust With a U.S. Owner (see Instructions for Forms 3520 and 3520-A)* . . . . .  Yes  No
- 3 Did the organization have an ownership interest in a foreign corporation during the tax year? *If "Yes," the organization may be required to file Form 5471, Information Return of U.S. Persons With Respect To Certain Foreign Corporations. (see Instructions for Form 5471)* . . . . .  Yes  No
- 4 Was the organization a direct or indirect shareholder of a passive foreign investment company or a qualified electing fund during the tax year? *If "Yes," the organization may be required to file Form 8621, Information Return by a Shareholder of a Passive Foreign Investment Company or Qualified Electing Fund. (see Instructions for Form 8621)* . . . . .  Yes  No
- 5 Did the organization have an ownership interest in a foreign partnership during the tax year? *If "Yes," the organization may be required to file Form 8865, Return of U.S. Persons With Respect To Certain Foreign Partnerships. (see Instructions for Form 8865)* . . . . .  Yes  No
- 6 Did the organization have any operations in or related to any boycotting countries during the tax year? *If "Yes," the organization may be required to file Form 5713, International Boycott Report (see Instructions for Form 5713)* . . . . .  Yes  No

**Part V** **Supplemental Information**

Complete this part to provide the information required by Part I, line 2 (monitoring of funds); Part I, line 3, column (f) (accounting method; amounts of investments vs. expenditures per region); Part II, line 1 (accounting method); Part III (accounting method); and Part III, column (c) (estimated number of recipients), as applicable. Also complete this part to provide any additional information (see instructions).

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**SCHEDULE I  
(Form 990)**

**Grants and Other Assistance to Organizations,  
Governments, and Individuals in the United States**

OMB No. 1545-0047

**2013**

**Open to Public  
Inspection**

Department of the Treasury  
Internal Revenue Service

Complete if the organization answered "Yes" to Form 990, Part IV, line 21 or 22.

▶ Attach to Form 990.

▶ Information about Schedule I (Form 990) and its instructions is at [www.irs.gov/form990](http://www.irs.gov/form990).

Name of the organization

THE REACH HEALTHCARE FOUNDATION

Employer identification number

20-0337230

**Part I General Information on Grants and Assistance**

- 1 Does the organization maintain records to substantiate the amount of the grants or assistance, the grantees' eligibility for the grants or assistance, and the selection criteria used to award the grants or assistance?  Yes  No
- 2 Describe in Part IV the organization's procedures for monitoring the use of grant funds in the United States.

**Part II Grants and Other Assistance to Governments and Organizations in the United States.** Complete if the organization answered "Yes" to Form 990, Part IV, line 21, for any recipient that received more than \$5,000. Part II can be duplicated if additional space is needed.

1 (a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
(1) SEE SCHEDULE I ATTACHMENT			4,329,178.				
(2)							
(3)							
(4)							
(5)							
(6)							
(7)							
(8)							
(9)							
(10)							
(11)							
(12)							

2 Enter total number of section 501(c)(3) and government organizations listed in the line 1 table ..... 75.

3 Enter total number of other organizations listed in the line 1 table .....

For Paperwork Reduction Act Notice, see the Instructions for Form 990.

Schedule I (Form 990) (2013)

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**Part III Grants and Other Assistance to Individuals in the United States.** Complete if the organization answered "Yes" on Form 990, Part IV, line 22.  
Part III can be duplicated if additional space is needed.

(a) Type of grant or assistance	(b) Number of recipients	(c) Amount of cash grant	(d) Amount of non-cash assistance	(e) Method of valuation (book, FMV, appraisal, other)	(f) Description of non-cash assistance
1					
2					
3					
4					
5					
6					
7					

**Part IV Supplemental Information.** Complete this part to provide the information required in Part I, line 2, Part III, column (b), and any other additional information.

SCHEDULE I, PART I, LINE 2

THE BOARD HAS ESTABLISHED AND APPROVED A DISTINCT POLICY OUTLINING THE FOUNDATION'S GRANTS REVIEW, DUE DILIGENCE, AND APPROVAL PROCESS IN DETAIL. FINANCIAL CONTROLS ARE INTEGRATED INTO THE GRANTS POLICY AND PROCESS. THE FOLLOWING PARAMETERS AND LEVELS OF AUTHORIZATION HAVE BEEN ESTABLISHED:

COMPETITIVE GRANT PROCESS -- THE FOUNDATION AWARDS COMPETITIVE GRANTS - DURING ONE OPEN REQUEST FOR PROPOSAL (RFP) CYCLE EACH YEAR. GRANT GUIDELINES AND CRITERIA WILL BE DEVELOPED AND REVISITED ANNUALLY BY STAFF

**Part III Grants and Other Assistance to Individuals in the United States.** Complete if the organization answered "Yes" on Form 990, Part IV, line 22.  
Part III can be duplicated if additional space is needed.

(a) Type of grant or assistance	(b) Number of recipients	(c) Amount of cash grant	(d) Amount of non-cash assistance	(e) Method of valuation (book, FMV, appraisal, other)	(f) Description of non-cash assistance
1					
2					
3					
4					
5					
6					
7					

**Part IV Supplemental Information.** Complete this part to provide the information required in Part I, line 2, Part III, column (b), and any other additional information.

AND APPROVED BY THE PROGRAM AND POLICY COMMITTEE PRIOR TO THE RELEASE OF  
THE RFP.

THE STAFF, ACTING AT THE DISCRETION OF THE CEO, AUTHORIZE: DISPOSITION OF  
LETTERS OF INTENT AND DISPOSITION OF COMPETITIVE GRANT PROPOSALS UP TO  
\$150,000. STAFF, PRIOR TO AUTHORIZING GRANTS, WILL CONDUCT A DUE  
DILIGENCE REVIEW OF FACTORS THAT MAY INCLUDE APPLICANT GOVERNANCE,  
MISSION, CAPACITY, FINANCIAL HEALTH, PAST PERFORMANCE AND LOGIC OF  
PROGRAM DESIGN, WHICH WILL THEN BE SUBJECT TO PEER REVIEW AND APPROVAL BY  
THE CEO.

**Part III Grants and Other Assistance to Individuals in the United States.** Complete if the organization answered "Yes" on Form 990, Part IV, line 22.  
Part III can be duplicated if additional space is needed.

(a) Type of grant or assistance	(b) Number of recipients	(c) Amount of cash grant	(d) Amount of non-cash assistance	(e) Method of valuation (book, FMV, appraisal, other)	(f) Description of non-cash assistance
1					
2					
3					
4					
5					
6					
7					

**Part IV Supplemental Information.** Complete this part to provide the information required in Part I, line 2, Part III, column (b), and any other additional information.

THE PROGRAM & POLICY COMMITTEE AUTHORIZES: RECOMMENDATIONS FOR BOARD ACTION REGARDING THE DISPOSITION OF COMPETITIVE GRANT PROPOSALS EXCEEDING \$150,000; AND DISCONTINUATION OR TERMINATION OF A GRANT FOR CAUSE.

THE BOARD OF DIRECTORS AUTHORIZES: DISPOSITION OF COMPETITIVE GRANT PROPOSALS EXCEEDING \$150,000.

STAFF DISCRETIONARY GRANTS PROCESS - THE FOUNDATION AWARDS STAFF DISCRETIONARY GRANTS THROUGHOUT THE YEAR. THESE INCLUDE CAPACITY GRANTS,

**Part III Grants and Other Assistance to Individuals in the United States.** Complete if the organization answered "Yes" on Form 990, Part IV, line 22. Part III can be duplicated if additional space is needed.

(a) Type of grant or assistance	(b) Number of recipients	(c) Amount of cash grant	(d) Amount of non-cash assistance	(e) Method of valuation (book, FMV, appraisal, other)	(f) Description of non-cash assistance
1					
2					
3					
4					
5					
6					
7					

**Part IV Supplemental Information.** Complete this part to provide the information required in Part I, line 2, Part III, column (b), and any other additional information.

CEO DISCRETIONARY GRANTS, SOLICITED GRANTS, CORE OPERATING GRANTS, JOINT VENTURES AND ADVOCACY GRANTS. TOTAL STAFF DISCRETIONARY GRANTS FOR A GIVEN YEAR CANNOT EXCEED 20% OF ANNUAL BOARD-APPROVED GRANT AND PROGRAM BUDGET.

STAFF DISCRETIONARY GRANTS MUST BE CONSISTENT WITH THE FOUNDATION'S MISSION AND STRATEGY, AND A REPORT OF ALL DISCRETIONARY GRANTS MADE WILL BE PROVIDED TO THE PROGRAM AND POLICY COMMITTEE AT EACH OF ITS REGULAR MEETINGS. STAFF, PRIOR TO AUTHORIZING GRANTS, WILL CONDUCT A DUE DILIGENCE REVIEW OF FACTORS THAT MAY INCLUDE APPLICANT GOVERNANCE,

**Part III Grants and Other Assistance to Individuals in the United States.** Complete if the organization answered "Yes" on Form 990, Part IV, line 22.  
Part III can be duplicated if additional space is needed.

(a) Type of grant or assistance	(b) Number of recipients	(c) Amount of cash grant	(d) Amount of non-cash assistance	(e) Method of valuation (book, FMV, appraisal, other)	(f) Description of non-cash assistance
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**Part IV Supplemental Information.** Complete this part to provide the information required in Part I, line 2, Part III, column (b), and any other additional information.

MISSION, CAPACITY, FINANCIAL HEALTH, PAST PERFORMANCE AND LOGIC OF PROGRAM DESIGN, WHICH WILL THEN BE SUBJECT TO PEER REVIEW AND APPROVAL BY THE CEO.

THE PRESIDENT AND CEO AUTHORIZE, WITHIN THE LIMITS OF THE CURRENT BOARD-APPROVED BUDGET: DISPOSITION OF STAFF DISCRETIONARY GRANT REQUESTS UP TO \$150,000 PER GRANT.

INITIATIVES - THE FOUNDATION, FROM TIME TO TIME, UNDERTAKES INITIATIVES IN ORDER TO ADDRESS SYSTEM-LEVEL ISSUES THAT AFFECT ACCESS TO AND/OR

**Part III Grants and Other Assistance to Individuals in the United States.** Complete if the organization answered "Yes" on Form 990, Part IV, line 22. Part III can be duplicated if additional space is needed.

(a) Type of grant or assistance	(b) Number of recipients	(c) Amount of cash grant	(d) Amount of non-cash assistance	(e) Method of valuation (book, FMV, appraisal, other)	(f) Description of non-cash assistance
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**Part IV Supplemental Information.** Complete this part to provide the information required in Part I, line 2, Part III, column (b), and any other additional information.

QUALITY OF CARE FOR INDIVIDUALS WHO ARE POOR AND UNDERSERVED. AN INITIATIVE IS SUBSTANTIVELY DIFFERENT FROM A GRANT IN THAT IT TYPICALLY INVOLVES A LONGER TIME HORIZON, MULTIPLE FUNDING PARTNERS AND GRANTEES, A COMBINATION OF GRANTMAKING TOOLS, CONTRACTS AND TECHNICAL ASSISTANCE, AND A SIGNIFICANT ALLOCATION OF STAFF TIME AND THE FOUNDATION'S RESOURCES. THE PROGRAM & POLICY COMMITTEE AUTHORIZES: STAFF TO RESEARCH AND PROPOSE INITIATIVES FOR CONSIDERATION TO THE COMMITTEE. PROPOSALS WILL INCLUDE THE NEED, FEASIBILITY, APPROPRIATE STRUCTURE, NECESSARY PARTNERS, ESTIMATED COST, AND EXPECTED OUTCOMES OF POTENTIAL INITIATIVES; RECOMMENDATION FOR BOARD ACTION REGARDING INITIATIVE PROPOSALS; AND

**Part III Grants and Other Assistance to Individuals in the United States.** Complete if the organization answered "Yes" on Form 990, Part IV, line 22.  
Part III can be duplicated if additional space is needed.

(a) Type of grant or assistance	(b) Number of recipients	(c) Amount of cash grant	(d) Amount of non-cash assistance	(e) Method of valuation (book, FMV, appraisal, other)	(f) Description of non-cash assistance
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**Part IV Supplemental Information.** Complete this part to provide the information required in Part I, line 2, Part III, column (b), and any other additional information.

PERIODIC REPORTS TO THE BOARD ABOUT INITIATIVE-RELATED ACTIVITIES AND THEIR OUTCOMES.

THE BOARD OF DIRECTORS AUTHORIZES: DISPOSITION OF ALL INITIATIVE PROPOSALS.

AUTHORIZATION OF PAYMENTS - GRANT AWARDS OF \$30,000 AND BELOW ARE ISSUED IN A SINGLE PAYMENT BASED ON THE PRESIDENT AND CEO'S AUTHORIZATION. FOR GRANT AWARDS EXCEEDING \$30,000, THE NUMBER OF PAYMENTS, TIMING OF PAYMENTS AND AMOUNTS ARE APPROVED BY THE PRESIDENT AND CEO AND OUTLINED

**Part III Grants and Other Assistance to Individuals in the United States.** Complete if the organization answered "Yes" on Form 990, Part IV, line 22.  
Part III can be duplicated if additional space is needed.

(a) Type of grant or assistance	(b) Number of recipients	(c) Amount of cash grant	(d) Amount of non-cash assistance	(e) Method of valuation (book, FMV, appraisal, other)	(f) Description of non-cash assistance
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**Part IV Supplemental Information.** Complete this part to provide the information required in Part I, line 2, Part III, column (b), and any other additional information.

IN THE FULLY EXECUTED GRANT AGREEMENT.

FOR AWARDS ISSUED IN MULTIPLE INSTALLMENTS, THE RELEASE OF SUBSEQUENT PAYMENTS IS INITIATED BY STAFF ASSIGNED TO THE GRANT AND APPROVED BY THE VICE PRESIDENT OF OPERATIONS AND CFO, BASED ON SPENDING THRESHOLDS AND CONTINGENCIES OUTLINED IN THE GRANT AGREEMENT.

GRANT AGREEMENTS - ALL GRANTS OVER \$10,000 REQUIRE A GRANT AGREEMENT WHICH SPECIFIES THE AMOUNT AND TERMS OF THE AWARD, REPORTING REQUIREMENTS, CONTINGENCIES ATTACHED TO THE AWARD, AND EXPECTATIONS WITH



**Part III Grants and Other Assistance to Individuals in the United States.** Complete if the organization answered "Yes" on Form 990, Part IV, line 22. Part III can be duplicated if additional space is needed.

(a) Type of grant or assistance	(b) Number of recipients	(c) Amount of cash grant	(d) Amount of non-cash assistance	(e) Method of valuation (book, FMV, appraisal, other)	(f) Description of non-cash assistance
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**Part IV Supplemental Information.** Complete this part to provide the information required in Part I, line 2, Part III, column (b), and any other additional information.

REGARD TO THE GRANTEE'S TAX STATUS AND ANTI-DISCRIMINATION PRACTICES. THE  
 RELEASE OF THE FIRST PAYMENT IS CONTINGENT ON RECEIPT OF A FULLY EXECUTED  
 GRANT AGREEMENT SIGNED BY THE GRANTEE'S CEO, BOARD CHAIR, PROGRAM  
 MANAGER, AND THE FOUNDATION'S PRESIDENT AND CEO. THE GRANTS MANAGER  
 NOTIFIES SUCCESSFUL GRANT APPLICANTS OF AWARDS VIA EMAIL AND REGULAR MAIL  
 IMMEDIATELY FOLLOWING A FAVORABLE DECISION.

AWARD NOTIFICATION INCLUDES THE FOLLOWING STATEMENT: 'REACH STAFF WILL  
 ATTEMPT TO CONTACT THE GRANTEE WITHIN FOURTEEN (14) DAYS OF THE POSTING  
 OF THE AWARD NOTIFICATION TO ARRANGE A MEETING TO DISCUSS THE AGREEMENT

**Part III Grants and Other Assistance to Individuals in the United States.** Complete if the organization answered "Yes" on Form 990, Part IV, line 22.  
Part III can be duplicated if additional space is needed.

(a) Type of grant or assistance	(b) Number of recipients	(c) Amount of cash grant	(d) Amount of non-cash assistance	(e) Method of valuation (book, FMV, appraisal, other)	(f) Description of non-cash assistance
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**Part IV Supplemental Information.** Complete this part to provide the information required in Part I, line 2, Part III, column (b), and any other additional information.

ASSOCIATED WITH THIS GRANT. IF NO RESPONSE IS FORTHCOMING FROM THE GRANTEE WITHIN THIRTY (30) DAYS OF THE POSTING OF THE AWARD NOTIFICATION, REACH STAFF WILL SEND A COPY OF THE FIRST ATTEMPT TO EACH SIGNATORY TO THE FULL PROPOSAL. IF NO RESPONSE IS RECEIVED WITHIN TEN (10) DAYS OF THE POSTING OF THE COPY, THE AWARD MAY BE WITHDRAWN.

Name of organization or government	Street	City	State	Zip	EIN	Code Section or	Type of	Amount of	Cash or Non-	Method of	Description of	Purpose of grant or
						Government Entity						
The Children's Place	2 East 59th Street	Kansas City	MO	64113	51-0195216	501(c)(3)	7	69,477	cash	n/a	n/a	Program
Comprehensive Mental Health Services, Inc.	P.O. Box 260	Independence	MO	64051-0260	43-0949079	501(c)(3)	9	75,000	cash	n/a	n/a	Core Operating
Crittenton Children's Center	10918 Elm Avenue	Kansas City	MO	64134	44-0545808	501(c)(3)	3	71,943	cash	n/a	n/a	Program
DeLaSalle Education Center	3737 Troost	Kansas City	MO	64109	43-0971728	501(c)(3)	2	500	cash	n/a	n/a	CEO Discretionary
KidsTLC, Inc.	480 S. Rogers Rd.	Olathe	KS	66062	48-0774593	501(c)(3)	7	121,625	cash	n/a	n/a	Program
KidsTLC, Inc.	480 S. Rogers Rd.	Olathe	KS	66062	48-0774593	501(c)(3)	7	2,500	cash	n/a	n/a	CEO Discretionary
KU School of Social Welfare												
KU Endowment	PO Box 928	Lawrence	KS	66044	48-0547734	501(c)(3)	5	72,405	cash	n/a	n/a	Program
Marillac Center	8000 W. 127th Street	Overland Park	KS	66213	43-1147836	501(c)(3)	3	96,360	cash	n/a	n/a	Program
Mattie Rhodes Center	1740 Jefferson	Kansas City	MO	64108	44-0546343	501(c)(3)	7	100,524	cash	n/a	n/a	Program
Mattie Rhodes Center	1740 Jefferson	Kansas City	MO	64108	44-0546343	501(c)(3)	7	65,156	cash	n/a	n/a	Solicited Grant
Mid-America Regional Council Community Services Corporation	600 Broadway Blvd, Suite 200	Kansas City	MO	64105	20-1824454	501(c)(3)	11-Type I	20,000	cash	n/a	n/a	Solicited Grant
National Alliance on Mental Illness of Greater Kansas City	406 W. 34th Street, Suite 603	Kansas City	MO	64111	43-1209702	501(c)(3)	9	105,500	cash	n/a	n/a	Program
National Alliance on Mental Illness of Greater Kansas City	406 W. 34th Street, Suite 603	Kansas City	MO	64111	43-1209702	501(c)(3)	9	30,000	cash	n/a	n/a	Funded Initiative
Pathways Community Behavioral Healthcare	1800 Community Drive	Clinton	MO	64735	43-1032835	501(c)(3)	9	61,875	cash	n/a	n/a	Program
ReDiscover	901 NE Independence Avenue	Lee's Summit	MO	64086	23-7169417	501(c)(3)	9	30,000	cash	n/a	n/a	Funded Initiative
Support Kansas City Inc	5960 Dearborn, Suite 200	Mission	KS	66202	31-1717077	501(c)(3)	11-Type I	25,000	cash	n/a	n/a	Advocacy/Public Policy
Tri-County Mental Health Services, Inc.	3100 NE 83rd Street, Suite 1001	Kansas City	MO	64119	43-1556416	501(c)(3)	9	79,276	cash	n/a	n/a	Program
Wyandot Center for Community Behavioral Healthcare	757 Armstrong Avenue	Kansas City	KS	66101	48-0576044	501(c)(3)	7	75,000	cash	n/a	n/a	Core Operating
						<b>Sub-total - Mental Health Grants</b>		<b>1,102,141</b>				
Cabot Westside Health Center	2121 Summit Street	Kansas City	MO	64108	44-0546280	501(c)(3)	7	68,968	cash	n/a	n/a	Program
Cass Community Health Foundation	2316 E. Meyer Blvd.	Kansas City	MO	64132	43-1349495	501(c)(3)	11-Type I	125,000	cash	n/a	n/a	Program
Cass Community Health Foundation	2316 E. Meyer Blvd.	Kansas City	MO	64132	43-1349495	501(c)(3)	11-Type I	55,000	cash	n/a	n/a	Core Operating
Community Health Center of Southeast Kansas, Inc.	PO Box 1832	Pittsburg	KS	66762	75-3002264	501(c)(3)	9	26,180	cash	n/a	n/a	Program
Health Partnership Clinic	407 S Clairborne, Ste. 104	Olathe	KS	66062	48-1115529	501(c)(3)	7	25,000	cash	n/a	n/a	Solicited Grant
Kansas Department of Health & Environment	1000 SW Jackson, Ste. 200	Topeka	KS	666121	48-6029925	State of KS	---	30,000	cash	n/a	n/a	CEO Discretionary
Lafayette County Health Department	547 South Business Highway 13	Lexington	MO	64067	43-1241723	Lafayette Co, MO	---	21,970	cash	n/a	n/a	Program
Missouri Department of Health and Senior Services	912 Wildwood Dr.	Jefferson City	MO	65102	446000987	State of MO	---	30,000	cash	n/a	n/a	Solicited Grant
Oral Health Kansas, Inc.	800 SW Jackson, Suite 1120	Topeka	KS	66612	20-0337278	501(c)(3)	7	2,500	cash	n/a	n/a	CEO Discretionary
Turner House Children's Clinic	21 N. 12th St., Suite 300	Kansas City	KS	66102	48-1151382	501(c)(3)	7	25,000	cash	n/a	n/a	Solicited Grant
						<b>Sub-total - Oral Health Grants</b>		<b>409,618</b>				
Butterfield Youth Services	P.O. Box 333 1126 East Highway WW	Marshall	MO	65340	44-0668473	501(c)(3)	9	500	cash	n/a	n/a	CEO Discretionary
Cass Community Health Foundation	2316 E. Meyer Blvd.	Kansas City	MO	64132	43-1349495	501(c)(3)	11-Type I	100	cash	n/a	n/a	Matching Gifts
Cass Community Health Foundation	2316 E. Meyer Blvd.	Kansas City	MO	64132	43-1349495	501(c)(3)	11-Type I	150	cash	n/a	n/a	Matching Gifts
Harrisonville Public School Foundation	PO Box 1000	Harrisonville	MO	64701	48-1548179	501(c)(3)	2	1,450	cash	n/a	n/a	CEO Discretionary
Health Care Coalition of Lafayette County	825 S Business HWY 13	Lexington	MO	64067	30-0349221	501(c)(3)	7	1,450	cash	n/a	n/a	CEO Discretionary
Johnson County Interfaith Hospitality Network, Inc.	11503 S. Strang Line Road, Ste. C	Olathe	KS	66062-4908	20-0118693	501(c)(3)	9	1,450	cash	n/a	n/a	CEO Discretionary
KCC Educational Foundation/Leadership Kansas	835 SW Topeka Blvd.	Topeka	KS	66612-1680	23-7339573	501(c)(3)	9	500	cash	n/a	n/a	CEO Discretionary
Metropolitan Lutheran Ministries	3031 Holmes	Kansas City	MO	64109	43-0970991	501(c)(3)	7	1,450	cash	n/a	n/a	CEO Discretionary



Name of organization or government	Street	City	State	Zip	EIN	Code Section or	Type of	Amount of	Cash or Non-	Method of	Description of	Purpose of grant or
						Government Entity						
Missouri Jobs With Justice	4526 Paseo Blvd	Kansas City	MO	64110	43-1864844	501(c)(3)	9	17,000	cash	n/a	n/a	Advocacy/Public Policy
Samuel U. Rodgers Health Center, Inc.	825 Euclid Avenue	Kansas City	MO	64111	43-0899356	501(c)(3)	3	117,040	cash	n/a	n/a	Program
Samuel U. Rodgers Health Center, Inc.	825 Euclid Avenue	Kansas City	MO	64111	43-0899356	501(c)(3)	3	16,000	cash	n/a	n/a	Capacity
Silver City Health Center												
KU Endowment	PO Box 928	Lawrence	KS	66044	48-0547734	501(c)(3)	5	65,000	cash	n/a	n/a	Core Operating
Synergy Services, Inc.	400 East 6th Street	Parkville	MO	64152	43-0970674	501(c)(3)	7	124,000	cash	n/a	n/a	Program
Truman Medical Center Charitable Foundation	2310 Holmes, Suite 735	Kansas City	MO	64108	43-1194064	501(c)(3)	7	4,000	cash	n/a	n/a	CEO Discretionary
Turner House Children's Clinic	21 N. 12th St., Suite 300	Kansas City	KS	66102	48-1151382	501(c)(3)	7	65,000	cash	n/a	n/a	Core Operating
United Community Services of Johnson County	12351 W 96 Terrace, Ste. 200	Lenexa	KS	66215	48-0914699	501(c)(3)	7	1,000	cash	n/a	n/a	CEO Discretionary
United Way of Greater Kansas City	801 West 47th Street, Suite 500	Kansas City	MO	64112	44-0545812	501(c)(3)	7	40,000	cash	n/a	n/a	Solicited Grant
University of Kansas School of Medicine Department of Family Medicine												
KU Endowment	PO Box 928	Lawrence	KS	66044	48-0547734	501(c)(3)	5	30,000	cash	n/a	n/a	Capacity
Wichita State University Foundation	1845 Fairmount, Box 2	Wichita	KS	67260-0002	48-6121167	501(c)(3)	5	4,200	cash	n/a	n/a	CEO Discretionary
						<b>Sub-total - Safety Net Grants</b>		<b>1,144,302</b>				
Cass Community Health Foundation	2316 E. Meyer Blvd.	Kansas City	MO	64132	43-1349495	501(c)(3)	11-Type I	78,347	cash	n/a	n/a	Funded Initiative
Child Abuse Prevention Association	503 East 23rd St	Independence	MO	64055	43-1067711	501(c)(3)	7	4,000	cash	n/a	n/a	Advocacy/Public Policy
Child Protection Center	3101 Broadway, Suite 750	Kansas City	MO	64111	20-4535728	501(c)(3)	9	3,341	cash	n/a	n/a	Advocacy/Public Policy
Communities Creating Opportunity	2400 Troost Avenue, Suite 4600	Kansas City	MO	64108	43-1127845	501(c)(3)	9	29,500	cash	n/a	n/a	Funded Initiative
Communities Creating Opportunity	2400 Troost Avenue, Suite 4600	Kansas City	MO	64108	43-1127845	501(c)(3)	9	65,000	cash	n/a	n/a	Core Operating - Advocacy
Community Health Council of Wyandotte County	755 Minnesota Avenue	Kansas City	KS	66101	01-0674969	501(c)(3)	9	59,600	cash	n/a	n/a	Funded Initiative
Cornerstones of Care	300 East 36th Street	Kansas City	KS	64111	43-1689138	501(c)(3)	7	4,000	cash	n/a	n/a	Advocacy/Public Policy
DentaQuest Institute	2400 Computer Drive	Westborough	MA	01581	20-5312990	501(c)(3)	11-Type I	40,000	cash	n/a	n/a	Solicited Grant
DentaQuest Institute	2400 Computer Drive	Westborough	MA	01581	20-5312990	501(c)(3)	11-Type I	6,000	cash	n/a	n/a	Funded Initiative
Harvesters - The Community Food Network	3801 Topping Avenue	Kansas City	MO	64129	43-1208665	501(c)(3)	7	4,000	cash	n/a	n/a	Advocacy/Public Policy
Health Care Coalition of Lafayette County	825 S Business HWY 13	Lexington	MO	64067	30-0349221	501(c)(3)	7	150,000	cash	n/a	n/a	Funded Initiative
Health Care Coalition of Lafayette County	825 S Business HWY 13	Lexington	MO	64067	30-0349221	501(c)(3)	7	65,000	cash	n/a	n/a	Core Operating
Kansas Action for Children	720 SW Jackson, Suite 201	Topeka	KS	66603	48-0879502	501(c)(3)	7	65,000	cash	n/a	n/a	Core Operating - Advocacy
Kansas Association for the Medically Underserved	1129 S. Kansas Ave. Suite B	Topeka	KS	66612	48-1110925	501(c)(3)	7	62,000	cash	n/a	n/a	Funded Initiative
Kansas Association for the Medically Underserved	1129 S. Kansas Ave. Suite B	Topeka	KS	66612	48-1110925	501(c)(3)	7	65,000	cash	n/a	n/a	Core Operating - Advocacy
Kansas Health Consumer Coalition, Inc.	534 South Kansas Avenue, Suite 1220	Topeka	KS	66603	73-1733371	501(c)(3)	7	55,000	cash	n/a	n/a	Core Operating - Advocacy
Mid-America Regional Council Community Services Corporation	600 Broadway Blvd, Suite 200	Kansas City	MO	64105	20-1824454	501(c)(3)	11-Type I	100,000	cash	n/a	n/a	Funded Initiative
Mid-America Regional Council Community Services Corporation	600 Broadway Blvd, Suite 200	Kansas City	MO	64105	20-1824454	501(c)(3)	11-Type I	80,000	cash	n/a	n/a	Funded Initiative
The Missouri Budget Project	3534 Washington Ave.	St. Louis	MO	63103	26-0062334	501(c)(3)	7	10,000	cash	n/a	n/a	Advocacy/Public Policy
The Missouri Budget Project	3534 Washington Ave.	St. Louis	MO	63103	26-0062334	501(c)(3)	7	55,000	cash	n/a	n/a	Core Operating - Advocacy

Name of organization or government	Street	City	State	Zip	EIN	Code Section or Government Entity Name	Type of Organization	Amount of Grant	Cash or Non-Cash	Method of valuation	Description of noncash assistance	Purpose of grant or assistance
Missouri Coalition For Oral Health	606 E. Capitol Ave.	Jefferson City	MO	65101	20-5032836	501(c)(3)	7	55,000	cash	n/a	n/a	Core Operating - Advocacy
Missouri Health Advocacy Alliance	606 East Capitol Avenue	Jefferson City	MO	65101	26-3426303	501(c)(3)	9	49,986	cash	n/a	n/a	Advocacy/Public Policy
Missouri Health Advocacy Alliance	606 East Capitol Avenue	Jefferson City	MO	65101	26-3426303	501(c)(3)	9	55,000	cash	n/a	n/a	Core Operating - Advocacy
Operation Breakthrough, Inc.	3039 Troost Avenue	Kansas City	MO	64111	43-0971560	501c(3)	7	4,000	cash	n/a	n/a	Advocacy/Public Policy
Oral Health Kansas, Inc.	800 SW Jackson, Suite 1120	Topeka	KS	66612	20-0337278	501(c)(3)	7	55,000	cash	n/a	n/a	Core Operating - Advocacy
Qualis Health	10700 Meridian Avenue North, Suite 100	Seattle	WA	98133	91-1072875	501(c)(3)	9	79,800	cash	n/a	n/a	Funded Initiative
SEK Multi County Health Department	221 S Jefferson	Iola	KS	66749	48-0785109	Allen County, KS	---	30,000	cash	n/a	n/a	Solicited Grant
Thrive Allen County, Inc.	12 West Jackson	Iola	KS	66749	32-0198379	501c(3)	7	101,653	cash	n/a	n/a	Funded Initiative
Thrive Allen County, Inc.	12 West Jackson	Iola	KS	66749	32-0198379	501c(3)	7	55,000	cash	n/a	n/a	Core Operating - Advocacy
Topeka Community Foundation	5431 SW 29th Street, Suite 300	Topeka	KS	66614	48-0972106	501(c)(3)	8	50,000	cash	n/a	n/a	Funded Initiative
University of Kansas Center for Research, Inc.	2385 Irving Hill Road	Lawrence	KS	66045	48-0680117	501c(3)	5	10,000	cash	n/a	n/a	Funded Initiative
University of Kansas Center for Research, Inc.	2385 Irving Hill Road	Lawrence	KS	66045	48-0680117	501c(3)	5	16,259	cash	n/a	n/a	Funded Initiative
Urban League Of Kansas City Mo	1710 Paseo Boulevard	Kansas City	MO	64108	44-0546273	501(c)(3)	9	5,000	cash	n/a	n/a	CEO Discretionary
Wichita State University	Center for Community Support and Research 1845 Fairmount, Box 201	Wichita	KS	67226	48-1124839	non-profit/non-taxed org. under Section 115	---	40,000	cash	n/a	n/a	Funded Initiative
Wyandot Center for Community Behavioral Healthcare	757 Armstrong Avenue	Kansas City	KS	66101	48-0576044	501(c)(3)	7	25,000	cash	n/a	n/a	Advocacy/Public Policy
<b>Sub-total - Systemic Grants</b>								<b>1,632,486</b>				
<b>TOTAL - 2013 Grants = 4,329,178</b>												

**SCHEDULE J  
(Form 990)**

Department of the Treasury  
Internal Revenue Service

**Compensation Information**

For certain Officers, Directors, Trustees, Key Employees, and Highest Compensated Employees

- ▶ Complete if the organization answered "Yes" to Form 990, Part IV, line 23.
- ▶ Attach to Form 990. ▶ See separate instructions.
- ▶ Information about Schedule J (Form 990) and its instructions is at [www.irs.gov/form990](http://www.irs.gov/form990).

OMB No. 1545-0047

**2013**

**Open to Public Inspection**

Name of the organization

THE REACH HEALTHCARE FOUNDATION

Employer identification number

20-0337230

**Part I Questions Regarding Compensation**

**1a** Check the appropriate box(es) if the organization provided any of the following to or for a person listed in Form 990, Part VII, Section A, line 1a. Complete Part III to provide any relevant information regarding these items.

- |  |  |
|--|--|
| <input type="checkbox"/> First-class or charter travel             | <input type="checkbox"/> Housing allowance or residence for personal use |
| <input type="checkbox"/> Travel for companions                     | <input type="checkbox"/> Payments for business use of personal residence |
| <input type="checkbox"/> Tax indemnification and gross-up payments | <input type="checkbox"/> Health or social club dues or initiation fees   |
| <input type="checkbox"/> Discretionary spending account            | <input type="checkbox"/> Personal services (e.g., maid, chauffeur, chef) |

**b** If any of the boxes on line 1a are checked, did the organization follow a written policy regarding payment or reimbursement or provision of all of the expenses described above? If "No," complete Part III to explain

**2** Did the organization require substantiation prior to reimbursing or allowing expenses incurred by all directors, trustees, and officers, including the CEO/Executive Director, regarding the items checked in line 1a?

**3** Indicate which, if any, of the following the filing organization used to establish the compensation of the organization's CEO/Executive Director. Check all that apply. Do not check any boxes for methods used by a related organization to establish compensation of the CEO/Executive Director, but explain in Part III.

- |   |   |
|---|---|
| <input checked="" type="checkbox"/> Compensation committee              | <input checked="" type="checkbox"/> Written employment contract                     |
| <input checked="" type="checkbox"/> Independent compensation consultant | <input checked="" type="checkbox"/> Compensation survey or study                    |
| <input checked="" type="checkbox"/> Form 990 of other organizations     | <input checked="" type="checkbox"/> Approval by the board or compensation committee |

**4** During the year, did any person listed in Form 990, Part VII, Section A, line 1a, with respect to the filing organization or a related organization:

- a** Receive a severance payment or change-of-control payment?
  - b** Participate in, or receive payment from, a supplemental nonqualified retirement plan?
  - c** Participate in, or receive payment from, an equity-based compensation arrangement?
- If "Yes" to any of lines 4a-c, list the persons and provide the applicable amounts for each item in Part III.

**Only section 501(c)(3) and 501(c)(4) organizations must complete lines 5-9.**

**5** For persons listed in Form 990, Part VII, Section A, line 1a, did the organization pay or accrue any compensation contingent on the revenues of:

- a** The organization?
  - b** Any related organization?
- If "Yes" to line 5a or 5b, describe in Part III.

**6** For persons listed in Form 990, Part VII, Section A, line 1a, did the organization pay or accrue any compensation contingent on the net earnings of:

- a** The organization?
  - b** Any related organization?
- If "Yes" to line 6a or 6b, describe in Part III.

**7** For persons listed in Form 990, Part VII, Section A, line 1a, did the organization provide any non-fixed payments not described in lines 5 and 6? If "Yes," describe in Part III

**8** Were any amounts reported in Form 990, Part VII, paid or accrued pursuant to a contract that was subject to the initial contract exception described in Regulations section 53.4958-4(a)(3)? If "Yes," describe in Part III

**9** If "Yes" to line 8, did the organization also follow the rebuttable presumption procedure described in Regulations section 53.4958-6(c)?

	Yes	No
<b>1a</b>		
<b>1b</b>		
<b>2</b>		
<b>3</b>		
<b>4a</b>		X
<b>4b</b>		X
<b>4c</b>		X
<b>5a</b>		X
<b>5b</b>		X
<b>6a</b>		X
<b>6b</b>		X
<b>7</b>		X
<b>8</b>		X
<b>9</b>		

For Paperwork Reduction Act Notice, see the Instructions for Form 990.

Schedule J (Form 990) 2013

**Part II Officers, Directors, Trustees, Key Employees, and Highest Compensated Employees.** Use duplicate copies if additional space is needed.

For each individual whose compensation must be reported in Schedule J, report compensation from the organization on row (i) and from related organizations, described in the instructions, on row (ii). Do not list any individuals that are not listed on Form 990, Part VII.

**Note.** The sum of columns (B)(i)-(iii) for each listed individual must equal the total amount of Form 990, Part VII, Section A, line 1a, applicable column (D) and (E) amounts for that individual.

(A) Name and Title		(B) Breakdown of W-2 and/or 1099-MISC compensation			(C) Retirement and other deferred compensation	(D) Nontaxable benefits	(E) Total of columns (B)(i)-(D)	(F) Compensation reported as deferred in prior Form 990
		(i) Base compensation	(ii) Bonus & incentive compensation	(iii) Other reportable compensation				
1 BRENDA R SHARPE PRESIDENT/CEO	(i)	227,354.	0	0	38,650.	28,109.	294,113.	0
	(ii)	0	0	0				
2 WILLIAM MOORE VP PROGRAM, POLICY&EVALUATION	(i)	119,799.	0	0	3,760.	34,021.	157,580.	0
	(ii)	0	0	0				
3	(i)							
	(ii)							
4	(i)							
	(ii)							
5	(i)							
	(ii)							
6	(i)							
	(ii)							
7	(i)							
	(ii)							
8	(i)							
	(ii)							
9	(i)							
	(ii)							
10	(i)							
	(ii)							
11	(i)							
	(ii)							
12	(i)							
	(ii)							
13	(i)							
	(ii)							
14	(i)							
	(ii)							
15	(i)							
	(ii)							
16	(i)							
	(ii)							



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**Part III Supplemental Information**

Complete this part to provide the information, explanation, or descriptions required for Part I, lines 1a, 1b, 3, 4a, 4b, 4c, 5a, 5b, 6a, 6b, 7, and 8, and for Part II. Also complete this part for any additional information.

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**SCHEDULE O**  
**(Form 990 or 990-EZ)**

Department of the Treasury  
Internal Revenue Service

**Supplemental Information to Form 990 or 990-EZ**

**Complete to provide information for responses to specific questions on  
Form 990 or 990-EZ or to provide any additional information.  
▶ Attach to Form 990 or 990-EZ.**

OMB No. 1545-0047

**2013**

**Open to Public  
Inspection**

Name of the organization

THE REACH HEALTHCARE FOUNDATION

Employer identification number

20-0337230

FORM 990, PART I, LINE 1

TO ADDRESS THE HEALTH AND HEALTHCARE NEEDS OF MEDICALLY INDIGENT AND  
UNDERSERVED RESIDENTS OF ALLEN, JOHNSON & WYANDOTTE COUNTIES IN KS AND  
CASS, JACKSON, AND LAFAYETTE COUNTIES IN MO.

FORM 990, PART III, LINE 4D

DESCRIPTION: ORAL HEALTH GRANTS ADDRESS THE ORAL HEALTH CONDITIONS OF  
INDIVIDUALS WHO ARE POOR AND MEDICALLY UNDERSERVED. ORAL HEALTH GRANTS  
INCLUDE PREVENTIVE CARE FOR CHILDREN, EMERGENCY SERVICES FOR CHILDREN AND  
ADULTS, AND OTHER PROJECTS THAT REDUCE BARRIERS TO ORAL HEALTH CARE. IN  
2013, 10 ORAL HEALTH GRANTS WERE AWARDED.

EXPENSES: \$496,225

GRANTS: \$409,618

REVENUES: NONE

DESCRIPTION: MATCHING GIFTS AND MISCELLANEOUS DISCRETIONARY GRANTS. IN  
2013, 23 MISCELLANEOUS DISCRETIONARY GRANTS WERE AWARDED.

EXPENSES: \$49,222

GRANTS: \$40,631

REVENUES: NONE

Name of the organization THE REACH HEALTHCARE FOUNDATION	Employer identification number 20-0337230
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FORM 990, PART VI, SECTION B, LINE 11B

THE 990 IS REVIEWED BY THE OFFICERS AND ACCOUNTING PERSONNEL. ANY QUESTIONS ARE ADDRESSED AND CORRECTIONS MADE IF NECESSARY. THE 990 IS THEN REVIEWED AND APPROVED BY BOTH THE FINANCE COMMITTEE AND THE FULL BOARD PRIOR TO FILING THE 990. THE 990 REVIEW IS DOCUMENTED IN PUBLICLY AVAILABLE MEETING MINUTES.

FORM 990, PART VI, SECTION B, LINE 12C

CONFLICT OF INTEREST DISCLOSURES ARE ANNUALLY MAILED TO THE BOARD OF DIRECTORS, OFFICERS, COMMUNITY ADVISORY COMMITTEE, AND STAFF. THE PRESIDENT AND EXECUTIVE COMMITTEE REVIEW AND MONITOR THE ANNUAL DISCLOSURE FORMS AND BRING TO THE ATTENTION OF THE BOARD OR APPROPRIATE COMMITTEE THE DISCLOSED PERSONAL OR PRIVATE INTERESTS. THE BOARD OR COMMITTEE SHALL THEN TAKE APPROPRIATE DISCIPLINARY OR CORRECTIVE ACTION WHICH MAY INCLUDE POLICY COUNSELING, VOTING EXCLUSION, OR COMMITTEE EXCLUSION.

FORM 990, PART VI, SECTION B, LINE 15A

IN 2011, THE BOARD CONDUCTED A COMPREHENSIVE, COMMISSIONED SALARY REVIEW PREPARED BY AN OUTSIDE COMPENSATION CONSULTANT. AN EXTENSIVE PERFORMANCE AND COMPENSATION REVIEW FOR THE CEO IS CONDUCTED ANNUALLY, BASED ON THE 2011 STUDY AND UPDATED WITH CURRENT NATIONAL AND REGIONAL SURVEY INFORMATION. THE EXECUTIVE COMMITTEE MAKES A COMPENSATION RECOMMENDATION TO THE BOARD BASED ON THE COMMISSIONED REVIEW AND MORE CURRENT SURVEY INFORMATION. RELEVANT MARKET INFORMATION FOR THIS ANALYSIS INCLUDES ORGANIZATIONS COMPARABLE IN TERMS OF SUCH CRITERIA AS MISSION, ASSETS,

Name of the organization THE REACH HEALTHCARE FOUNDATION	Employer identification number 20-0337230
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ENTREPRENEURIAL MINDSET, BUDGET, STAFF SIZE, REGIONAL FOCUS, AND MIDWEST LOCATION. OTHER INFORMATION CONSIDERED IN THIS RECOMMENDATION AND ANALYZED EVERY YEAR INCLUDES: SALARY AND BENEFIT COMPENSATION STUDIES, TELEPHONE CALLS, AND IRS FORM 990 FILINGS. THE BOARD DOCUMENTS HOW IT REACHES ITS DECISION, INCLUDING MARKET DATA, ADVICE, AND OPINIONS ON WHICH THE DECISION IS BASED. MEETING MINUTES ARE MAINTAINED PROVIDING A DETAILED RECORD OF THE ACTIONS TAKEN AND THE DELIBERATIONS LEADING TO THE APPROVED ACTION. THE MINUTES ALSO DOCUMENT THE MEMBERS OF THE BOARD PRESENT DURING THE DISCUSSION AND THE RESULTS OF THE VOTE. THE BOARD AND CHIEF EXECUTIVE RELATIONSHIP IS DOCUMENTED IN A FORMAL BOARD POLICY.

FORM 990, PART VI, SECTION B, LINE 15B

IN 2011, THE BOARD CONDUCTED A COMPREHENSIVE, COMMISSIONED COMPENSATION REVIEW FOR THE CFO AND VP OF PROGRAM, POLICY & EVALUATION. THE CEO MAKES A COMPENSATION RECOMMENDATION TO THE BOARD BASED ON A COMMISSIONED REVIEW PREPARED BY AN OUTSIDE COMPENSATION CONSULTANT AND MORE CURRENT SURVEY INFORMATION AVAILABLE. THIS INCLUDES RELEVANT MARKET INFORMATION, INCLUDING INFORMATION FOR ORGANIZATIONS COMPARABLE IN TERMS OF SUCH CRITERIA AS MISSION, ASSETS, ENTREPRENEURIAL MINDSET, BUDGET, STAFF SIZE, REGIONAL FOCUS, AND MIDWEST LOCATION. OTHER INFORMATION CONSIDERED IN THIS RECOMMENDATION AND ANALYZED EVERY YEAR INCLUDES: SALARY AND BENEFIT COMPENSATION STUDIES, TELEPHONE CALLS, AND IRS FORM 990 FILINGS. THE BOARD DOCUMENTS HOW IT REACHES ITS DECISION, INCLUDING MARKET DATA, ADVICE, AND OPINIONS ON WHICH THE DECISION IS BASED. MEETING MINUTES ARE MAINTAINED PROVIDING A DETAILED RECORD OF THE ACTIONS TAKEN AND THE DELIBERATIONS LEADING TO THE APPROVED ACTION. THE MINUTES ALSO

Name of the organization THE REACH HEALTHCARE FOUNDATION	Employer identification number 20-0337230
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DOCUMENTED THE MEMBERS OF THE BOARD PRESENT DURING THE DISCUSSION AND THE RESULTS OF THE VOTE.

FORM 990, PART VI, SECTION C, LINE 19

GOVERNING DOCUMENTS, CONFLICT OF INTEREST POLICY, AND FINANCIAL STATEMENTS ARE AVAILABLE TO THE PUBLIC ON OUR WEBSITE AT WWW.REACHHEALTH.ORG. ALSO INCLUDED ON THE WEBSITE ARE POLICIES REGARDING DIVERSITY & INCLUSION, RECORDS RETENTION, INVESTMENT OBJECTIVES, WHISTLEBLOWER PRACTICE, AND PUBLIC ACCESS.

**SCHEDULE R  
(Form 990)**

**Related Organizations and Unrelated Partnerships**

OMB No. 1545-0047

**2013**

**Open to Public  
Inspection**

Department of the Treasury  
Internal Revenue Service

- ▶ **Complete if the organization answered "Yes" on Form 990, Part IV, line 33, 34, 35b, 36, or 37.**
- ▶ **Attach to Form 990.**      ▶ **See separate instructions.**
- ▶ **Information about Schedule R (Form 990) and its instructions is at [www.irs.gov/form990](http://www.irs.gov/form990).**

Name of the organization

THE REACH HEALTHCARE FOUNDATION

Employer identification number

20-0337230

**Part I Identification of Disregarded Entities** Complete if the organization answered "Yes" on Form 990, Part IV, line 33.

(a) Name, address, and EIN (if applicable) of disregarded entity	(b) Primary activity	(c) Legal domicile (state or foreign country)	(d) Total income	(e) End-of-year assets	(f) Direct controlling entity
(1) PROJECT READY SMILE, LLC 6700 ANTIOCH, STE 200 MERRIAM, KS 66204 26-1392850	ORAL HEALTH	KS	0	0	REACH HC FDN
(2) -----					
(3) -----					
(4) -----					
(5) -----					
(6) -----					

**Part II Identification of Related Tax-Exempt Organizations** Complete if the organization answered "Yes" on Form 990, Part IV, line 34 because it had one or more related tax-exempt organizations during the tax year.

(a) Name, address, and EIN of related organization	(b) Primary activity	(c) Legal domicile (state or foreign country)	(d) Exempt Code section	(e) Public charity status (if section 501(c)(3))	(f) Direct controlling entity	(g) Section 512(b)(13) controlled entity?	
						Yes	No
(1) STATE OF KANSAS 120 SW 10TH AVENUE TOPEKA, KS 66612 N/A	GOVERNMENT	KS	GOVERNMENT	N/A	N/A		X
(2) UNIFIED GOV'T OF WYANDOTTE CO., KS 701 NORTH 7TH STREET KANSAS CITY, KS 66101 N/A	GOVERNMENT	KS	GOVERNMENT	N/A	N/A		X
(3) JOHNSON COUNTY, KANSAS 111 SOUTH CHERRY OLATHE, KS 66061 N/A	GOVERNMENT	KS	GOVERNMENT	N/A	N/A		X
(4) ALLEN COUNTY, KANSAS 1220 NEOSHO HUMBOLDT, KS 66748 N/A	GOVERNMENT	KS	GOVERNMENT	N/A	N/A		X
(5) OTHER - SEE SCHEDULE R ATTACHMENT	VAR		VAR	VAR	VAR		X
(6) -----							
(7) -----							

For Paperwork Reduction Act Notice, see the Instructions for Form 990.

Schedule R (Form 990) 2013

**Part III Identification of Related Organizations Taxable as a Partnership** Complete if the organization answered "Yes" on Form 990, Part IV, line 34 because it had one or more related organizations treated as a partnership during the tax year.

(a) Name, address, and EIN of related organization	(b) Primary activity	(c) Legal domicile (state or foreign country)	(d) Direct controlling entity	(e) Predominant income (related, unrelated, excluded from tax under sections 512-514)	(f) Share of total income	(g) Share of end-of-year assets	(h) Disproportionate allocations?		(i) Code V-UBI amount in box 20 of Schedule K-1 (Form 1065)	(j) General or managing partner?		(k) Percentage ownership
							Yes	No		Yes	No	
(1) -----												
(2) -----												
(3) -----												
(4) -----												
(5) -----												
(6) -----												
(7) -----												

**Part IV Identification of Related Organizations Taxable as a Corporation or Trust** Complete if the organization answered "Yes" on Form 990, Part IV, line 34 because it had one or more related organizations treated as a corporation or trust during the tax year.

(a) Name, address, and EIN of related organization	(b) Primary activity	(c) Legal domicile (state or foreign country)	(d) Direct controlling entity	(e) Type of entity (C corp, S corp, or trust)	(f) Share of total income	(g) Share of end-of-year assets	(h) Percentage ownership	(i) Section 512(b)(13) controlled entity?	
								Yes	No
(1) THE REACH HEALTHCARE FOUNDATION TRUST 33-6357400 400 HOWARD ST SAN FRANCISCO, CA 94105	GRANTOR TRUST	CA	REACH	TRUST	3,035,688.	21,520,455.	100.0000	X	
(2) -----									
(3) -----									
(4) -----									
(5) -----									
(6) -----									
(7) -----									

**Part V Transactions With Related Organizations** Complete if the organization answered "Yes" on Form 990, Part IV, line 34, 35b, or 36.

**Note.** Complete line 1 if any entity is listed in Parts II, III, or IV of this schedule.

	Yes	No
<b>1</b> During the tax year, did the organization engage in any of the following transactions with one or more related organizations listed in Parts II-IV?		
<b>a</b> Receipt of (i) interest (ii) annuities (iii) royalties or (iv) rent from a controlled entity		X
<b>b</b> Gift, grant, or capital contribution to related organization(s)	X	
<b>c</b> Gift, grant, or capital contribution from related organization(s)		X
<b>d</b> Loans or loan guarantees to or for related organization(s)		X
<b>e</b> Loans or loan guarantees by related organization(s)		X
<b>f</b> Dividends from related organization(s)		X
<b>g</b> Sale of assets to related organization(s)		X
<b>h</b> Purchase of assets from related organization(s)		X
<b>i</b> Exchange of assets with related organization(s)		X
<b>j</b> Lease of facilities, equipment, or other assets to related organization(s)		X
<b>k</b> Lease of facilities, equipment, or other assets from related organization(s)		X
<b>l</b> Performance of services or membership or fundraising solicitations for related organization(s)		X
<b>m</b> Performance of services or membership or fundraising solicitations by related organization(s)		X
<b>n</b> Sharing of facilities, equipment, mailing lists, or other assets with related organization(s)		X
<b>o</b> Sharing of paid employees with related organization(s)		X
<b>p</b> Reimbursement paid to related organization(s) for expenses		X
<b>q</b> Reimbursement paid by related organization(s) for expenses		X
<b>r</b> Other transfer of cash or property to related organization(s)		X
<b>s</b> Other transfer of cash or property from related organization(s)		X

**2** If the answer to any of the above is "Yes," see the instructions for information on who must complete this line, including covered relationships and transaction thresholds.

(a) Name of related organization	(b) Transaction type (a-s)	(c) Amount involved	(d) Method of determining amount involved
(1)			
(2)			
(3)			
(4)			
(5)			
(6)			



**Part VI** Unrelated Organizations Taxable as a Partnership Complete if the organization answered "Yes" on Form 990, Part IV, line 37.

Provide the following information for each entity taxed as a partnership through which the organization conducted more than five percent of its activities (measured by total assets or gross revenue) that was not a related organization. See instructions regarding exclusion for certain investment partnerships.

(a) Name, address, and EIN of entity	(b) Primary activity	(c) Legal domicile (state or foreign country)	(d) Predominant income (related, unrelated, excluded from tax under section 512-514)	(e) Are all partners section 501(c)(3) organizations?		(f) Share of total income	(g) Share of end-of-year assets	(h) Disproportionate allocations?		(i) Code V-UBI amount in box 20 of Schedule K-1 (Form 1065)	(j) General or managing partner?		(k) Percentage ownership
				Yes	No			Yes	No		Yes	No	
(1) -----													
(2) -----													
(3) -----													
(4) -----													
(5) -----													
(6) -----													
(7) -----													
(8) -----													
(9) -----													
(10) -----													
(11) -----													
(12) -----													
(13) -----													
(14) -----													
(15) -----													
(16) -----													

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**Part VII** **Supplemental Information**

Complete this part to provide additional information for responses to questions on Schedule R (see instructions).

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Name of Supported Organization	Address	City	State	Zip	(a) EIN	(b) Primary Activity	(c) Legal Domicile (state or foreign country)	(d) Exempt Code Section	(e) Public Charity Status	(f) Direct Controlling Entity	(g) Section 512(b)(13) Controlled Entity?	
											Yes	No
Black Health Care Coalition, Inc.	6675 Holmes Suite 650	Kansas City	MO	64131	43-1515095	Public Charity	MO	501(c)(3)	9	NO		X
Butterfield Youth Services	P.O. Box 333 1126 East Highway WW	Marshall	MO	65340	44-0668473	Public Charity	MO	501(c)(3)	9	NO		X
Cabot Westside Health Center	2121 Summit Street	Kansas City	MO	64108	44-0546280	Public Charity	MO	501(c)(3)	7	NO		X
Cass Community Health Foundation	2316 E. Meyer Blvd.	Kansas City	MO	64132	43-1349495	Public Charity	MO	501(c)(3)	11-Type I	NO		X
Catholic Charities of Northeast Kansas Inc	9720 West 87th Street	Overland Park	KS	66212	48-1181305	Public Charity	KS	501(c)(3)	7	NO		X
Child Abuse Prevention Association	503 East 23rd St	Independence	MO	64055	43-1067711	Public Charity	MO	501(c)(3)	7	NO		X
Child Protection Center	3101 Broadway, Suite 750	Kansas City	MO	64111	20-4535728	Public Charity	MO	501(c)(3)	9	NO		X
Coalition For Improving Maternity Services Inc	POBox 33590	Raleigh	NC	27607	59-3649578	Public Charity	NC	501(c)(3)	9	NO		X
Communities Creating Opportunity	2400 Troost Avenue, Suite 4600	Kansas City	MO	64108	43-1127845	Public Charity	MO	501(c)(3)	9	NO		X
Community Health Center of Southeast Kansas, Inc.	PO Box 1832	Pittsburg	KS	66762	75-3002264	Public Charity	KS	501(c)(3)	9	NO		X
Community Health Council of Wyandotte County	755 Minnesota Avenue	Kansas City	KS	66101	01-0674969	Public Charity	KS	501(c)(3)	9	NO		X
Comprehensive Mental Health Services, Inc.	P.O. Box 260	Independence	MO	64051-0260	43-0949079	Public Charity	MO	501(c)(3)	9	NO		X
Cornerstones of Care	300 East 36th Street	Kansas City	KS	64111	43-1689138	Public Charity	KS	501(c)(3)	7	NO		X
Crittenton Children's Center	10918 Elm Avenue	Kansas City	MO	64134	44-0545808	Public Charity	MO	501(c)(3)	3	NO		X
Curators of the University of Missouri on behalf of UMKC	5100 Rockhill Road	Kansas City	MO	64110-2499	43-6003859	Public Charity	MO	501(c)(3)	5	NO		X
DeLaSalle Education Center	3737 Troost	Kansas City	MO	64109	43-0971728	Public Charity	MO	501(c)(3)	2	NO		X
DentaQuest Institute	2400 Computer Drive	Westborough	MA	01581	20-5312990	Public Charity	MA	501c(3)	11-Type I	NO		X
Donnelly College	608 N. 18th Street	Kansas City	KS	66102	48-0623882	Public Charity	KS	501(c)(3)	2	NO		X
Duchesne Clinic	636 Tauromee Avenue	Kansas City	KS	66101	48-1009910	Public Charity	KS	501(c)(3)	3	NO		X
Harrisonville Public School Foundation	PO Box 1000	Harrisonville	MO	64701	48-1548179	Public Charity	MO	501(c)(3)	2	NO		X
Health Care Coalition of Lafayette County	825 S Business HWY 13	Lexington	MO	64067	30-0349221	Public Charity	MO	501(c)(3)	7	NO		X
Health Partnership Clinic	407 S Clairborne, Ste. 104	Olathe	KS	66062	48-1115529	Public Charity	KS	501(c)(3)	7	NO		X
Hope Family Care Center	3027 Prospect Avenue	Kansas City	MO	64128	26-4021005	Public Charity	MO	501(c)(3)	7	NO		X
Hope Family Care Center	3027 Prospect Avenue	Kansas City	MO	64128	26-4021005	Public Charity	MO	501(c)(3)	7	NO		X
Institute for International Medicine	6400 Prospect Avenue, Suite 338-A	Kansas City	MO	64132	75-3128625	Public Charity	MO	501(c)(3)	7	NO		X
JayDoc Free Clinic - KU Endowment	c/o Kansas University Endowment	Lawrence	KS	66044	48-0547734	Public Charity	KS	501(c)(3)	5	NO		X
Jewish Vocational Service	1608 Baltimore	Kansas City	MO	64108	44-0545994	Public Charity	MO	501(c)(3)	7	NO		X
Johnson County Interfaith Hospitality Network, Inc.	11503 S. Strang Line Road, Ste. C	Olathe	KS	66062-4908	20-0118693	Public Charity	KS	501(c)(3)	9	NO		X
Kansas Action for Children	720 SW Jackson, Suite 201	Topeka	KS	66603	48-0879502	Public Charity	KS	501(c)(3)	7	NO		X
Kansas Association for the Medically Underserved	1129 S. Kansas Ave. Suite B	Topeka	KS	66612	48-1110925	Public Charity	KS	501(c)(3)	7	NO		X
Kansas City CARE Clinic	3515 Broadway	Kansas City	MO	64111	43-0967292	Public Charity	MO	501(c)(3)	7	NO		X
Kansas Department of Health & Environment	1000 SW Jackson, Ste. 200	Topeka	KS	666121	48-6029925	government	KS	State of KS	---	NO		X
Kansas Health Consumer Coalition, Inc.	534 South Kansas Avenue, Suite 1220	Topeka	KS	66603	73-1733371	Public Charity	KS	501(c)(3)	7	NO		X
KCC Educational Foundation/Leadership Kansas	835 SW Topeka Blvd.	Topeka	KS	66612-1680	23-7339573	Public Charity	KS	501(c)(3)	9	NO		X
KidsTLC, Inc.	480 S. Rogers Rd.	Olathe	KS	66062	48-0774593	Public Charity	KS	501(c)(3)	7	NO		X
KU School of Social Welfare KU Endowment	PO Box 928	Lawrence	KS	66044	48-0547734	Public Charity	KS	501c(3)	5	NO		X
Lafayette County Health Department	547 South Business Highway 13	Lexington	MO	64067	43-1241723	government	MO	Lafayette Co, MO	---	NO		X
Marillac Center	8000 W. 127th Street	Overland Park	KS	66213	43-1147836	Public Charity	KS	501(c)(3)	3	NO		X
Mattie Rhodes Center	1740 Jefferson	Kansas City	MO	64108	44-0546343	Public Charity	MO	501(c)(3)	7	NO		X
Metropolitan Lutheran Ministries	3031 Holmes	Kansas City	MO	64109	43-0970991	Public Charity	MO	501(c)(3)	7	NO		X
Mid-America Regional Council Community Services Corporation	600 Broadway Blvd, Suite 200	Kansas City	MO	64105	20-1824454	Public Charity	MO	501(c)(3)	11-Type I	NO		X

Name of Supported Organization	Address	City	State	Zip	(a) EIN	(b) Primary Activity	(c) Legal Domicile (state or foreign country)	(d) Exempt Code Section	(e) Public Charity Status	(f) Direct Controlling Entity	(g) Section 512(b)(13) Controlled Entity?	
											Yes	No
Missouri Coalition For Oral Health	606 E. Capitol Ave.	Jefferson City	MO	65101	20-5032836	Public Charity	MO	501(c)(3)	7	NO		X
Missouri Coalition For Primary Health Care dba Missouri Primary Care Association	3325 Emerald Lane	Jefferson City	MO	65109	43-1419937	Public Charity	MO	501(c)(3)	7	NO		X
Missouri Department of Health and Senior Services	912 Wildwood Dr.	Jefferson City	MO	65102	446000987	government	MO	State of MO	---	NO		X
Missouri Health Advocacy Alliance	606 East Capitol Avenue	Jefferson City	MO	65101	26-3426303	Public Charity	MO	501(c)(3)	9	NO		X
Missouri Jobs With Justice	4526 Paseo Blvd	Kansas City	MO	64110	43-1864844	Public Charity	MO	501(c)(3)	9	NO		X
National Alliance on Mental Illness of Greater Kansas City	406 W. 34th Street, Suite 603	Kansas City	MO	64111	43-1209702	Public Charity	MO	501(c)(3)	9	NO		X
Operation Breakthrough, Inc.	3039 Troost Avenue	Kansas City	MO	64111	43-0971560	Public Charity	MO	501(c)(3)	7	NO		X
Oral Health Kansas, Inc.	800 SW Jackson, Suite 1120	Topeka	KS	66612	20-0337278	Public Charity	KS	501(c)(3)	7	NO		X
Pathways Community Behavioral Healthcare	1800 Community Drive	Clinton	MO	64735	43-1032835	Public Charity	MO	501(c)(3)	9	NO		X
Qualis Health	10700 Meridian Avenue North,	Seattle	WA	98133	91-1072875	Public Charity	WA	501(c)(3)	9	NO		X
ReDiscover	901 NE Independence Avenue	Lee's Summit	MO	64086	23-7169417	Public Charity	MO	501(c)(3)	9	NO		X
Samuel U. Rodgers Health Center, Inc.	825 Euclid Avenue	Kansas City	MO	64111	43-0899356	Public Charity	MO	501(c)(3)	3	NO		X
SEK Multi County Health Department	221 S Jefferson	Iola	KS	66749	48-0785109	government	KS	Allen County, KS	---	NO		X
Silver City Health Center KU Endowment	PO Box 928	Lawrence	KS	66044	48-0547734	Public Charity	KS	501(c)(3)	5	NO		X
St. Peter's Lutheran Church	910 Amos Street	Humboldt	KS	66748	48-6109064	Public Charity	KS	501(c)(3)	1	NO		X
Sunflower House, Inc.	15440 W. 65th Street	Overland Park	KS	66217	48-0918698	Public Charity	KS	501(c)(3)	7	NO		X
Support Kansas City Inc	5960 Dearborn, Suite 200	Mission	KS	66202	31-1717077	Public Charity	KS	501(c)(3)	11-Type I	NO		X
Synergy Services, Inc.	400 East 6th Street	Parkville	MO	64152	43-0970674	Public Charity	MO	501(c)(3)	7	NO		X
The Children's Place	2 East 59th Street	Kansas City	MO	64113	51-0195216	Public Charity	MO	501(c)(3)	7	NO		X
The Missouri Budget Project	3534 Washington Ave.	St. Louis	MO	63103	26-0062334	Public Charity	MO	501(c)(3)	7	NO		X
The Net Giver Foundation Inc.	1124 North 9th Street	Kansas City	KS	66101	27-1908764	Public Charity	KS	501(c)(3)	7	NO		X
Thrive Allen County, Inc.	12 West Jackson	Iola	KS	66749	32-0198379	Public Charity	KS	501(c)(3)	7	NO		X
Topeka Community Foundation	5431 SW 29th Street, Suite 300	Topeka	KS	66614	48-0972106	Public Charity	KS	501(c)(3)	8	NO		X
Tri-County Mental Health Services, Inc.	3100 NE 83rd Street, Suite 1001	Kansas City	MO	64119	43-1556416	Public Charity	MO	501(c)(3)	9	NO		X
Truman Medical Center Charitable Foundation	2310 Holmes, Suite 735	Kansas City	MO	64108	43-1194064	Public Charity	MO	501(c)(3)	7	NO		X
Turner House Children's Clinic	21 N. 12th St., Suite 300	Kansas City	KS	66102	48-1151382	Public Charity	KS	501(c)(3)	7	NO		X
United Community Services of Johnson County	12351 W 96 Terrace, Ste. 200	Lenexa	KS	66215	48-0914699	Public Charity	KS	501(c)(3)	7	NO		X
United Way of Greater Kansas City	801 West 47th Street, Suite 500	Kansas City	MO	64112	44-0545812	Public Charity	MO	501(c)(3)	7	NO		X
University of Kansas Center for Research, Inc.	2385 Irving Hill Road	Lawrence	KS	66045	48-0680117	Public Charity	KS	501(c)(3)	5	NO		X
University of Kansas School of Medicine Department of Family Medicine KU Endowment	PO Box 928	Lawrence	KS	66044	48-0547734	Public Charity	KS	501(c)(3)	5	NO		X
Urban League Of Kansas City Mo	1710 Paseo Boulevard	Kansas City	MO	64108	44-0546273	Public Charity	MO	501(c)(3)	9	NO		X
Wichita State University	Center for Community Support and Research	Wichita	KS	67226	48-1124839	Public Charity	KS	non-profit/non-taxed org. under Section 115	---	NO		X
Wichita State University Foundation	1845 Fairmount, Box 2	Wichita	KS	67260-0002	48-6121167	Public Charity	KS	501(c)(3)	5	NO		X
Wyandot Center for Community Behavioral Healthcare	757 Armstrong Avenue	Kansas City	KS	66101	48-0576044	Public Charity	KS	501(c)(3)	7	NO		X